

PLEASE COMPLETE IN BLOCK CAPITALS

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Position applied for		Salary Required	
Surname		First Names	
Address		Telephone number	
		Email Address	
Postcode		NI number	
Is this your permanent address? (Y / N)		Person to contact in the event of an emergency	
Are you a UK citizen? (Y / N)		Name:	Tel:
Are you eligible to work in the UK?		Relationship:	
Any relatives or friends currently employed here? (Y / N)			
Education and Training			
Name of School / College / University	Results	From	To
Additional relevant courses completed			
Employment History			
Name, address & telephone number of employer	Job title & duties	Dates (from - to)	Reason for leaving
Current notice period:			
All positions are subject to a 3 month trial period			

References			
May we ask a previous employer for a reference?	Yes	No	Contact details:
We will not approach your present employer without your permission. May we ask your present employer?	Yes	No	Contact details:
Personal Information			
Hobbies and outside interests			
Do you hold a current Driving Licence? (Y / N)		How would you travel to work? (Y / N)	
Any endorsements? (Y / N)		Car owner? (Y / N)	
Have you worked for us before? (Y / N) <small>If yes, give details including reasons for leaving</small>		Have you been convicted of a criminal offence? (Y / N) <small>(which is not a spent conviction within the meaning of the rehabilitation of offenders act 1974) Give full details here:</small>	
Please give details of pre-arranged holidays			
Are you subject to any post termination restraints of trade clauses? <small>If yes, please give details</small>		Are you willing to work overtime and weekends when required? (Y / N)	

I confirm that to the best of my knowledge, the information on this form is true and correct. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to dismissal.			
Signature		Date	
For office use only			
Interview date		Comments	
Offer to be made? (Y / N)			
Start date		Signature	

Application forms must be sent to traffic@brocklehurst-transport.com or posted to the address below.

G. BROCKLEHURST TRANSPORT LTD.
GOODS LANE, OFF RAILWAY STREET
DEWSBURY, WEST YORKSHIRE, WF12 8DZ

Telephone: 01924 468811 Fax: 01924 451161
www.brocklehurst-transport.com

YOUR TRANSPORT PROBLEM IS NO PROBLEM

CONFIRMATION OF DRIVING RECORD

I hereby grant permission for details of my driving licence and all convictions to be supplied to G Brocklehurst Transport Ltd.

Signature:

Print Name:

Date of Birth:

Address:

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Licence No:

Signed on behalf of the company

(Director):

Date:

QUESTIONS FOR PROSPECTIVE DRIVERS

Applicant's Name: Date:
(Please print)

- | | |
|--|---|
| 1. Have you had a D.R. Conviction (Drink Driving) in the last 11 years? | Yes / No |
| 2. Have you had any other convictions, either driving related or otherwise? | Yes / No |
| 3. Can you rope and sheet? | Yes / No |
| 4. How old are you? | <input style="width: 80px; height: 25px;" type="text"/> |
| 5. Do you object to nights away from home or working unsociable hours (including weekends)? | Yes / No |
| 6. Do you have your own transport to get to and from work for early starts or late finishes? | Yes / No |
| 7. Do you live locally? | Yes / No |
| 8. Do you have a good geographical and route knowledge of the country? | Yes / No |
| 9. Describe your LGV experience: | |
| 10. Please state your last or present employer and reasons or desire for leaving: | |

Signature of Applicant: