

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

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

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Position Applied For				Desir	Desired Salary		
			Personal Info	ormation			
First Names			r er sonar inne				
First Names Address				Surname Are you eligible to work in the UK?			
, radi ess				/ ii e you en	51010 10 110	ik iii tiic oit.	
Postcode				Phone Number			
Email			Emergency Contact				
NI Number							
Any relatives or friends	s currently e	mployed h	ere? (Y / N)	-			
			Education and	d Training			
Name of School		Results		From		То	
Additional relevant cou	urses compl	eted					
	·						
			Employment	t History			
Name, Address & Phor	ne Number	Job Title &		Period of		Reason for Le	aving
of Employer				Employme	nt		
Current Notice Period:							
	All p	ositions ar	e subject to a 3 Referen		bation peri	od.	
May we ask a previous employer for a Contact Detail: reference? (Y / N)							
N4			C	-			
May we ask your current employer for a reference? (Y / N) *We will not approach them without permission		Contact Detail	S:				
not approach t							

About You						
Hobbies and Interests:						
Do you hold a valid Driving License?	Type of License:			How will you travel to work?		
Any Endorsements?	Do you own a car?			Have you had a motoring claim in the last 3 years?		
Have you been convicted of a crin offenders act 1974). Please provide deta		e? (Which	is not a spent co	onviction within the meaning of the rehabilitation of		
Are you subject to any post termination restraints of trade clauses? If yes, please give details			Are you willing to work overtime and weekends wh required?			
		Have you v		vorked for us before?		
Please give details of any pre-arra	nged holida	ys:	l			
1	_		•	n this form is true and correct. I understand m employment or may render me liable to		
Signature:	Date:					
(f)						
For office use only Interview Date:		Comments:				
Offer to be made? (Y / N)						
Start Date:		Signature:				

 $Please \ send \ completed \ application \ forms \ to \ \underline{steph@brocklehurst-transport.com} \ or \ post \ to \ the \ above \ address.$





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QUESTIONS FOR PROSPECTIVE DRIVERS

Applicants Name				Date		
1. Have you had a DR Conviction (Drink Driving) in the last 11 years?						
2. Have you had any of	ther convict	ions, either driving related	or otherwis	se?		
3. Can you rope and sh	eet?					
4. How old are you?						
5. Do you object to nights away from home or working unsociable hours/weekends?						
6. Do you have your own transport to go to and from work for early starts/late finishes?						
7. Do you have good geographical and route knowledge of the Country?						
8. Describe you LGV ex	perience					
·	_	isions in the last 3 years th	-	rted to an		
Insurer or the Police? (whether they	happened personally or profession	onally)			
10. If so, please provide details						
11. Please state you last or present employer and your reasons for leaving						
Signature of App	licant					







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CONFIRMATION OF DRIVING RECORD

As part of the application process and to comply with our Insurance we need to check your Driving License. This will be a one-off license check conducted through DVLA. Please complete and sign the below if you are happy for us to do this.

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	
Licence Number	
Signed on behalf of G.	Brocklehurst Transport
	·
Print Name	
Signature	
Position	
Date	



