

**HGV** Driver Application

All information provided will be considered Private and Confidential

#### **Personal Details**

Title	
Surname	
First Name (s)	
Address	
Post Code	
Telephone No.	
Mobile No.	
Email	

## Driving Licence, Convictions and Points

Do you hold a LGV 1/2/C1 on your Licence?	Yes	No	
Do you have any motoring convictions/points on your licence?	Yes	No	

# If you have answered yes to any motoring convictions, what are they?

Motoring	Date of	DD/MM/YYYY	Points	
Conviction	Offence			
Code				
Motoring	Date of	DD/MM/YYYY	Points	
Conviction	Offence			
Code				
Motoring	Date of	DD/MM/YYYY	Points	
Conviction	Offence			
Code				

Applications with more than 9 points will not be considered

Driving Bans				
Have you been banned from driving in the last 5 year	ars?	Yes	No	
If you have answered "yes" to a driving ban, what wa	s the reason?			
Road Traffic Accidents				
Have you been in any 'at fault' road traffic accidents	in the last 5	Yes	No	
years?				
If you have answered "yes" to road traffic accidents,	what were the	reason	/s?	
Vehicle & Load				
Have you ever lost a vehicle or load (stolen or dama was under your responsibility at time of incident?	nged), which	Yes	No	
If you have answered "yes" to vehicle and load, pleas	se provide deta	ils	•	
Digital Tachograph Card				
Do you hold a Digital Tachograph Card?		Yes	No	
If you have answered yes, please state the serial num	nber & expiry da			
Digital Tachograph	Expiry	DD/MN	I/YYYY	
Card Serial Number	Date			



#### **Driver CPC**

Do you hold a valid Driver CPC?	Yes	No	
If you have answered "No", please answer the following:			
How many hours of Driver CPC training have you completed?			
Can you provide proof of Driver CPC training	Yes	No	

### Other Information

Are you trained of conversant with the Drivers Hours Legislation?	Yes	No	
Are you conversant with the Highway Code?	Yes	No	
Have you used and do you understand a Digital Tachograph	Yes	No	

Any Additional Information in Regards to Driving

Example: vehicle mechanic or fitter, ADR Licence, Plant Licence, Blue Card et	C.

# Health & Safety

Are you currently taking any prescribed medication, which may	Yes	No	
impact on your ability to drive?			

If you have answered "yes" please state details of medication

Are you currently taking any non-prescribed drugs or medication,	Yes	No	
which may impact on your ability to drive?			

If you have answered "yes" please state details of medication

Do you require glasses for driving?	Yes	No	
If you wear glasses have you informed the DVLA?	Yes	No	
Does the code for wearing glasses (01) show on your licence?	Yes	No	
Do you wear a hearing aid when driving?	Yes	No	
If you wear a hearing aid have you informed the DVLA?	Yes	No	
Does the code for wearing a hearing aid (02) show on your licence?	Yes	No	
Are you aware of any reasons, which may impact on your ability to drive distances?	Yes	No	
Do you require any special arrangements to enable you to attend interview if required?	Yes	No	

# Your Employment Record

Current Employment	Name & Address of Current Employer

Current Position and Start Date	Reason for Wanting to leave (optional)				
DD/MM/YYYY					

# **Employment History**

Position Held

Name of Employer	From	То	Position Held	Reason for Leaving

## References – Please give names and addresses of two referees

Current/Most Recent Employer	Previous Employer		
Name & Full Address	Name & Full Address		
Post Code	Post Code		
Telephone Number	Telephone Number		

Position Held

Please pr	ovide consent fo	or us to action r	eferen	ces as spec	cified
Signature:				_	
Date:					
Declaration	٦				
	nat the information ation or deliberate of			-	
I confirm the		work in the UK and	d can p	rovide origina	Il documentation to
enclosed/a	o the information I I ttached document of the Data Protec	ation being held, ι	ised an	d updated un	
Signature			Date		DD/MM/YYYY