



Commercial Vehicle Driver - Application for Employment (1)

Date: / /

Full Name:

Address:

.....

..... **Post Code:**

Telephone:

Mobile:

Place of Birth:.....

National Insurance Number:

Status: School leaver / Single / Married / Widowed / Divorced

Education: Please detail below and list any examinations passed and qualifications

.....
.....
.....

What are your hobbies and interests?

.....
.....

Next of Kin: **Relationship:**.....

Address:

.....

..... **Telephone:**

Please summarise why you want to work for Harry Lawson Ltd:

.....
.....
.....

*Please
Attach
a
Recent
Photograph*



Medical Questionnaire (2)

Weight: **Height:**

Are you in good health? YES / NO

If not, please detail:

.....
.....

When did you last consult a doctor?

For what reason?

.....

Have you ever had treatment for	(1)	Diabetes?	YES / NO
	(2)	Epilepsy?	YES / NO
	(3)	Blackouts?	YES / NO

If yes, please detail:

.....
.....

Have you ever had an operation? YES / NO

If yes, please detail:

.....
.....

Do you suffer from any heart, circulatory or chest disorders? YES / NO

If yes, please detail:

.....
.....

Do you suffer from any stomach or internal disorders? YES / NO

If yes, please detail:

.....
.....



Medical Questionnaire Continued (3)

Do you wear glasses? YES / NO
Are you colour blind? YES / NO
Do you have any other eyesight problems? YES / NO

If yes, please detail:

.....

Do you suffer from any conditions causing sleep difficulties? YES / NO

If yes, please detail:

.....

.....

Do you wear a hearing aid? YES / NO
Do you have any other hearing problems? YES / NO

If yes, please detail:

.....

.....

Do you smoke? YES / NO

Are you currently taking any medication?

.....

Do you suffer from any issues or conditions relating to alcohol or drugs? YES / NO

If yes, please detail:

.....

.....

Are you presently suffering from any disability, condition or other health factors which could affect you being able to work or drive?

YES / NO

If yes, please detail:

.....

.....

Are you willing to have a medical examination? YES / NO



Driving Experience / Licence Details (4)

Date of passing ordinary Driving Test: / /

Date of passing LGV Driving Test: / / Class

..... / / Class

List below all groups for which you are qualified to drive:

.....

Ordinary Driving Licence:

Number: Expires: / /

LGV Driving Licence:

Number: Expires: / /

List endorsements, penalty points or bans and provide dates:

.....

.....

List any other convictions:

.....

Has any load, part load, vehicle or part of a vehicle for which you have been responsible ever been stolen or unaccountably been damaged?

YES / NO

If yes, please provide details:

.....

.....

Describe the types of vehicles, loads and journeys of which you have experience:

.....

.....

Has any load or part load of any vehicle for which you have been responsible fallen off?

YES / NO

If yes, please provide details:

.....

.....



Training and Qualifications (5)

Please detail any qualifications obtained or training undertaken (e.g., Fork Lift Security training, Fuel Efficient Driving, etc.) including the approximate date sat, expiry date and result. Please include copies of all ADR certificates.

<u>Subject</u>	<u>Modules (if applicable)</u>	<u>Exam / Course</u>	<u>Date</u>	<u>Expiry</u>	<u>Result</u>

Do you have an ADR? YES / NO

If yes, please confirm expiry date:

Digital Tachograph Details (must be provided):

Valid from (4a):

Valid to (4b):

Card Number (5a):

Licence Number (5b):

Driver CPC details (must be provided):

Valid from (4a):

Valid to (4b):

Serial Number (back of card, bottom right):



Previous Employment (6)

From: **To:** **Position:**

Employer:

Address:

Duties:

Reason for leaving:

From: **To:** **Position:**

Employer:

Address:

Duties:

Reason for leaving:

From: **To:** **Position:**

Employer:

Address:

Duties:

Reason for leaving:

From: **To:** **Position:**

Employer:

Address:

Duties:

Reason for leaving:

