

Driver Application for Employment

Personal Details

Title :	Mr / Mrs / Miss / Ms	
Surname:		
First Names:		
Full Address:		
Post Code:		
Years at this Address:		<i>If less than 5 years please provide your address history on the following page</i>

Contact Numbers:	Home:	Mobile:		
Email Address:				
Date Of Birth:				
National Insurance Number:				
Do you have a clean driving Licence (less than 6 points)?	YES:	NO:	IF NO PROVIDE DETAILS ON CONTINUATION SHEET PROVIDED.	
Have you had any accidents within the last 5 years?	YES:	NO:	IF YES PROVIDE DETAILS ON CONTINUATION SHEET PROVIDED.	
Do you own a vehicle or have access, to get to/from work?	YES:	NO:		
Please provide DVLA check code				
How will you work with us?	Limited Company	PAYE		

Bank Details:

Bank Name:	
Sort Code:	
Account Number:	
Account Name:	
Roll Number (if Applicable)	

Medical History

It is important that you FULLY complete this section and that the CORRECT information is given.

Do you have a DVLA notifiable Condition?	YES	NO
If YES please give Details.		
If YES has the condition been reported?	YES	NO
Are you taking any Medicines /prescription drugs that may induce drowsiness or impair your driving?	YES	NO
If YES please give details.		

Emergency Contact Details

(In the event of an emergency, please give details on whom we may contact)

Name:	Name:
Relationship:	Relationship:
Telephone numbers:	Telephone numbers:
Address:	Address:

Address History

Please give details of your address history over the last five years,

Address:		Post Code:	
From:		To:	
Address:		Post Code:	
From:		To:	
Address:		Post Code:	
From:		To:	
Address:		Post Code:	
From:		To:	

Employment History

Please give details of your employment history over AT LEAST the last five years, giving your most recent position FIRST and working backwards, explaining clearly ALL gaps in your employment history (if you have insufficient space, Please photocopy and continue on the new sheet, attaching it to this form securely).

Employer Name / Address			
Tel Number:		Job Title:	
Work Period from:		To:	
Basic Pay:		Position	
Contact name:			

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Tel Number:		Job Title:	
Work Period from:		To:	
Basic Pay:		Position	
Contact name:			

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Employer Name / Address			
Tel Number:		Job Title:	
Work Period from:		To:	
Basic Pay:		Position	
Contact name:			

References

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Tel. Number:	Tel. Number:
Nature of Relationship:	Nature of Relationship:
Do we have your permission to contact this referee? YES / NO	Do we have your permission to contact this referee? YES / NO

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Tel. Number:	Tel. Number:
Nature of Relationship:	Nature of Relationship:
Do we have your permission to contact this referee? YES / NO	Do we have your permission to contact this referee? YES / NO

Declaration

As a requirement for successful employment as a driver with Driveline UK Ltd, it is necessary for us to have access to certain information about you. This will include your driving licence details and Driver CPC information. Employment offers will be subject to satisfactory references and authorisation from you to access these records.

I understand that any agreed periods of work, will not indicate an employment relationship between the Employment Business and myself.

I confirm that the information supplied in this document and all the supporting documentation is accurate and true.

I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment of Driveline UK Ltd.

Print Full Name:	Mr/Mrs/Miss/Ms	
Signed:		Date:

Data Protection Act 2018

Information given on this form may be held by Driveline UK Ltd. Strict confidentiality will be observed and the information will only be used for statistical and record keeping purposes. Personal information will not be passed to other organisations without your prior consent.

CONTINUATION SHEET

Please state below what accidents you have had within the last 5 years including date/time, employer you were working for and vehicle you were driving.

Incident 1

Incident 2

Incident 3

Please state below what convictions you have including points given, conviction code and fine amount. Please note this will be checked using the online licence check service through the Government Gateway with the code you have provided.

Conviction 1

Conviction 2

Conviction 3



Strictly Private and Confidential

Form of authority

I,authorise Driveline UK Ltd to approach organisations, employers and individuals for verification of periods of employment, unemployment, education and travel.

This information gained will only be used for the purposes of employment in relation to this application.

Organisations that may be approached on your behalf may include:

- Companies House**
- Department of works and pensions**
- Educational Establishments**
- Employers**
- Inland Revenue**
- Personal Referees**
- Professional Bodies**

In addition I authorise Driveline UK Ltd to conduct any other checks in connection with this application for employment and in relation to the security of the general public and / or other persons.

Signed..... Date.....

Print Name.....

Address.....

.....

.....

N.I Number..... D.O.B.....

Please note if at any time you wish to withdraw your consent you have the right to do so



Truck Policy

For all Drivers, the vehicle is considered as a place of work, the driver has a responsibility under the Health and Safety at work Act 1974 to look after their own safety and others around him/her. Drivers are expected to ensure that they practice safe methods of driving at all time.

Driver Vehicle Checks

Remember, these checks are not optional, they are compulsory! You **must** record the time taken (Approx. 15 minutes) for your vehicle checks as other work at the beginning of each shift.

Vehicle Damage Sheets

Vehicle damage sheets must be completed and handed in prior to leaving a client’s premises at the beginning of each assignment. This method of reporting protects you, and Driveline from being blamed for damage caused to vehicles by a previous user.

Smoking in Company Vehicles

Smoking in **all** client and company vehicles is prohibited at all times. All vehicles should display a no smoking sign, however if they do not display a sign this does not give permission for smoking. If caught smoking or having smoked in a client’s vehicle you risk being excluded from that client or dismissed.

Cleanliness

At the start of your shift, check the condition and cleanliness of your vehicle. If the vehicle is in poor condition or dirty, report it! Failure to do so may mean that you are blamed for the vehicles poor condition. Drivers must ensure that all company vehicles are returned cleared of any rubbish and in a clean presentable condition, regardless of the condition of the vehicle when it was taken over. If any vehicle is returned in an unreasonable/unacceptable condition, Driveline UK Limited reserves the right to charge employees / sub-contractors up to £50.00 of the cost for valeting. This valeting charge will never have to be applied if you **all** follow these procedures.

Incidents

Drivers are responsible for reporting incidents/accidents to Driveline UK Limited immediately after their occurrence. The driver of the vehicle involved in the accident/ incident, regardless of fault, must ensure all details of other parties are recorded and photographs taken where appropriate. The relevant accident/incident report form must be completed and returned to the Driveline office within 48 hours.

All accident report forms must be fully completed within 48 hours of the accident.

Regardless of how minor the accident, it must be reported and an accident/incident form completed. During 2013/14 Driveline UK has seen a significant increase in accidents caused by our drivers negligence (blameworthy accidents). This increase is unacceptable. To this end the following will apply:

The Company reserves the right to charge employees/sub contractors £250.00 for each negligent/blameworthy accident.

Please note that your signature for this memo constitutes acceptance of all the conditions including deductions from wages. No further permission will be sought before a deduction is made.

I..... (Print Name) of..... (Company)

have read, understood and accept the above Truck Procedure.
I agree to all the above conditions and accept responsibility for the cleanliness of each truck issued to me

Signed..... date: