



FRAMPTONS TRANSPORT SERVICES LIMITED

NATIONAL & EUROPEAN HAULAGE STORAGE & DISTRIBUTION SPECIALISTS

APPLICATION FOR DRIVING EMPLOYMENT

POSITION APPLIED FOR

FULL NAME

ADDRESS

TELEPHONE No:

PLACE OF BIRTH

NATIONAL INSURANCE No:

MARITAL STATUS

No OF DEPENDENT CHILDREN

NEXT OF KIN

ADDRESS

TELEPHONE No:

EDUCATION

OTHER TRAINING

HOBBIES & INTERESTS

PLEASE AFFIX A
PASSPORT SIZE
PHOTOGRAPH OF
YOURSELF HERE

MEDICAL QUESTIONNAIRE

WEIGHT

HEIGHT

PLEASE STATE THE NUMBER OF DAYS ABSENT FROM WORK DUE TO SICKNESS DURING THE LAST TWO YEARS

PLEASE PROVIDE DETAILS

HAVE YOU EVER HAD TREATMENT FOR	EPILEPSY?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	DIABETES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	BLACKOUTS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU EVER HAD AN OPERATION?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PLEASE PROVIDE DATES & DETAILS

DO YOU HAVE ANY EYESIGHT PROBLEMS? YES NO

IF YES, PLEASE DESCRIBE

DO YOU HAVE ANY HEARING PROBLEMS? YES NO

IF YES, PLEASE DESCRIBE

DO YOU SMOKE? YES NO

ARE YOU CURRENTLY TAKING ANY MEDICATION? YES NO

IF YES, PLEASE GIVE DETAILS

ARE YOU PRESENTLY SUFFERING ANY DISABILITY WHICH COULD AFFECT YOU BEING ABLE TO DRIVE OR CARRY OUT MANUAL HANDLING?

YES NO

IF YES, PLEASE DESCRIBE AND STATE HOW LONG THE DISABILITY IS EXPECTED TO CONTINUE

ARE YOU WILLING TO HAVE A MEDICAL EXAMINATION? YES NO

DRIVING EXPERIENCE & LICENCE DETAILS

DATE PASSED CAR DRIVING TEST	<input type="text"/>	LICENCE No	<input type="text"/>
		EXPIRY DATE	<input type="text"/>
DATE PASSED HGV DRIVING TEST	<input type="text"/>	CLASS	<input type="text"/>
	<input type="text"/>	CLASS	<input type="text"/>

LIST ENDORSEMENTS OF BANS AND PROVIDE DATES

DATE	CONVICTION CATEGORY	PENALTY POINTS/PERIOD OF BAN

PLEASE LIST ALL ROAD TRAFFIC ACCIDENTS AND VEHICLE INCIDENTS IN LAST 3 YEARS

HAS ANY LOAD, PART LOAD OR PART OF A VEHICLE FOR WHICH YOU HAVE BEEN RESPONSIBLE EVER BEEN STOLEN OR UNACCOUNTABLY BEEN DAMAGED?

YES NO

IF YES, PLEASE GIVE DETAILS

DESCRIBE THE TYPE 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 FOR, FALLEN OFF?

YES NO

IF YES, PLEASE GIVE DETAILS

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A SPENT CONVICTION UNDER THE REHABILITATION OF OFFENDERS ACT 1974?

YES NO

IF YES, PLEASE GIVE DETAILS

CURRENT EMPLOYER

NAME OF EMPLOYER

ADDRESS

REASON FOR LEAVING

EMPLOYED AS FROM

LENGTH OF NOTICE REQUIRED BY PRESENT EMPLOYER:

PREVIOUS EMPLOYMENT - MINIMUM 5 YEARS (PLEASE USE A BLANK SHEET IF NECESSARY)

NAME OF EMPLOYER

ADDRESS

REASON FOR LEAVING

EMPLOYED AS FROM TO

ARE YOU A MEMBER OF A TRADE UNION? YES NO

IF YES, PLEASE GIVE DETAILS

PLEASE GIVE ANY OTHER INFORMATION WHICH MAY SUPPORT YOUR APPLICATION

DECLARATION

I CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE. I UNDERSTAND THAT ANY FALSE REPRESENTATION COULD LEAD TO MY DISMISSAL FROM THE COMPANY'S EMPLOY.
SIGNED _____ DATE _____

INTERVIEWERS COMMENTS

INTERVIEW DATE TIME

POSITION OFFERED : YES / NO

DEPARTMENT START DATE

START PAY