



DRIVER'S APPLICATION FORM

Greetwell Place, 2 Limekiln Way, Lincoln, LN2 4US
 Telephone: (01522) 536020 Fax: (01522) 540007
 Email: info@apragency.co.uk

ID	NI	Database (date & initials)
Student	Yes / No	
Vegetarian	Yes / No	

Please complete giving as much detail as possible – Delete Yes / No answers where applicable

First Name	Surname		Date of Birth
Address	Age		Nationality
Postcode	Email	NI No	
Tel No.	Licence No.		
Mobile No.	Name of Next of Kin		
Male/Female	Smoker	Yes / No	Contact No.

Work Permit Required	Yes / No (if yes, please submit for photocopying)	Visa expiry date:					
Date Available	Notice Required						
Do you have any disability/illness which may affect your work							
Brief summary of qualifications							
Driving Licence	Yes / No	Car Owner	Yes / No	Moped/Motorcycle	Yes / No	Cycle	Yes / No
Driving Licence Number:							
Are you interested in Permanent or Temporary Positions or both?							
Do you have a criminal record?	Yes / No	Is your conviction spent?	Yes / No				

Please list driving convictions, penalty points and/or periods of disqualification: Please present both parts of your licence for inspection and copying to our office.	Details:
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PLEASE INDICATE WHICH TYPE OF WORK YOU ARE AVAILABLE FOR			
Type of Vehicle	Operation	Equipment	Licences
7.5 Tonne (C + D)	Crane Operation	Containers	ADR
Artics (LGV C+E – Class I)	Fridges	Curtain Siders	Bobcat
Drawbars (LGV C – Class II)	Multi-drop	Digital Tacho-graph Card	Crane
Hiab Operation	Roping/Sheeting	Tachograph	FLT
Minibus Driving (D1)	Shunting	Tail Lifts	Hiab
Rigids (LGV C – Class II)	Skips	Tilts	PSV
Van Driving – up to 7.5 tonne (C1)	Steel	Gearbox Types	
	Tankers	EPS	Automatic
	Timber	Preselector	Range Change
	Tippers	Splitter	Twin Speed

Safety Wear	Please detail any safety wear not listed	
Hard Hat	Yes / No	
Steel Toe Capped Boots	Yes / No	
SAT NAV/Maps	Yes / No	

Please note: Payment **CANNOT** be made by cash.

PLEASE COMPLETE YOUR BANK DETAILS – ACCURATELY											
Bank/Building Society											
Roll No (Building Society only)											
Account No (8 numbers only)						Sort Code		-		-	
Name of Account Holder						Entry Confirmed					
FOR OFFICE USE ONLY											
Start Date:		Client:									
Pay:	£	Position:									
Payroll No:		Leaving Date:									

Employment History (last 2 jobs) Current Employment/most recent first. Notice required if any.

Current / Last Employer – Name & Address	Date Started	Date of Leaving	Salary / pay rate at Date of leaving	Your Job Title & Department
Reason for leaving (please give details)			Absence: Please tell us how many days you were absent from work and for any reason other than holiday	
Previous Employers - Name & Address	Date Started	Date of Leaving	Salary / pay rate at Date of leaving	Your Job Title & Department
Reason for leaving (please give details)			Absence: Please tell us how many days you were absent from work and for any reason other than holiday	

References – Previous employers only and / or character referee (not a family member)
Please note: Your current employer will not be contacted unless we have your permission to do so.

Contact Name	Company Name	Address	Company Tel No.
Character Reference	Contact Name	Address	Relationship

Signature:	Date:
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What specific type of work is required?	
What relevant experience does the applicant have?	
How many days / hours work is required?	
How long is the applicant available for work?	
What is the minimum take home pay required?	
Is transport required to and from work?	
How / where did you hear about CEA?	
Why did you choose CEA for work?	

OFFICE USE ONLY	Date of interview		Interviewed by	
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CONSULTANT NOTES:

Identity Document PresentedNI Document PresentedViewed By

Licence checked, copied and initialled byname date

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