

**LGV Driving Application Form**

**Personal Information**

Surname

Forename(s)

Title (Mr/Mrs/Ms etc)

Date of Birth

Address

Post Code

Telephone No. Mobile No.

Email Address National Ins. No.

Applying for Full Time Permanent / Part Time / Casual Position (Please circle)

Nationality

Do you have the legal right to take up employment in the UK? YES NO

**Driving Licence History**

Driving Licence (Please enclose a copy) FULL PROVISIONAL

LGV Class

Penalty Points YES NO

Please give details

Any drink driving convictions YES NO

If yes, when convicted?

Any Collisions in the last 4 years YES NO

If yes please give details on separate sheet

Do you have a Digital Tachograph Card YES NO

Do you have a DCPC Training Card YES NO

Nights Out YES NO

**Employment History**

Please provide details of your previous employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Name & Address of Employer | Position Held/Type of Vehicle  Duties & Responsibilities | Reason for leaving |
|  |  |  |  |

Period of Notice required in current employment

**References**

Please give details of one referee.

References will be requested prior to confirmation of employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Telephone No. | Relationship |
|  |  |  |  |

Pre-Booked Holidays YES NO

Dates

All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for.

I certify that the information given on this form is, to the best of my knowledge, true and complete.

I accept that providing deliberately false or misleading information will result in my application being disqualified, or if I have already been appointed, dismissed.

Signature Date

Please return to:

Jenni Thompson

Dent Logistics Ltd

Barbary Plains

Edenhall

Penrith

Cumbria

CA11 8SR Telephone: 01768 862396 Fax: 01768 865053