



Applicant Information

Full Name: _____ Date: _____
 Address: _____
 Phone: _____ Email _____

Driver License Information

Driving License Number: _____
 Valid from: _____ Valid to: _____
 LGV Licence Valid from: _____ Valid to: _____
 LGV Licence Class: _____ Medical due: _____

Endorsements/Convictions Including Suspensions

Date	Offence	Endorsement Code	Fine/Penalty/Points

Traffic Accidents/Incidents in the last 5 years

Date	Brief description of Accident/Incident

Education

School/College	From/to	Exams passed	Grade

Medical History

Are you in general good health?	YES	NO
Is your vision impaired?	YES	NO
Date of late eye examination:		
Is your hearing impaired?	YES	NO
Have you ever received treatment for Diabetes?	YES	NO
Have you ever received treatment for Epilepsy?	YES	NO
Do you suffer from any other illness or disability which could affect your driving? – If yes please give details: -		

Criminal Record Declaration

I declare that I have no criminal convictions other than those disclosed below or treated as spend under the Rehabilitation of Offenders Act 1974

Signature: _____ Date: _____

Please give details & dates of any conviction, together with details of any penalties imposed

Additional Information

Qualifications/experience	YES/NO	Type
Fork Lift Truck License		
Airport Level D Cargo Security		
ADR/Hazard		
First Aid Certificate		

Declaration

I certify that the information contained in this application form is true and complete. I understand that false information may be grounds for not hiring me or immediate termination of employment at any point in the future if I am hired. I authorise the verification of any or all information listed above

Signature: _____ Date: _____