RPS TRANSPORT (IPSWICH) LTD

Application for Employment

Personal Details

Title:…….....

Surname:…….....

Forename(s):…….....

D.O.B:…….....

Passport Number:…….....

Marital Status: …….....

Address:…….....

.....

Postcode:…….....

National Insurance No:…….....

Contact Details

Home Tel No:…….....

Mobile Tel No:…….....

E-mail:…….....

Do you hold a full C+E Driving Licence? (Please circle appropriate response) Yes / No

If "yes ", please enter your driving licence number below:

…….....

Are you aware of the UK smoking law in company vehicles? Yes / No

Do you have any unspent criminal convictions? Yes / No

If "yes ", please give details below:

…….....

Are you eligible to work in the UK? Yes / No

Are you able to provide confirmation that you are entitled to work in the UK? Yes / No

Are there any restrictions on your right to work in the UK? Yes / No

If yes, please give details below:

…….....

Employment History

Please give details of current and previous employment history below:

(Dates) From	To	Name Of Employer	Nature Of Business	Position held, duties and reason for leaving

If you have had any gaps in employment, please give details below: (for example any sabbaticals or charity work)

…….....

.....

.....

Licence Convictions & Penalty Points

Do you currently have any motoring convictions / points on your licence? Yes / No

If "yes", please give details below:

Motoring Conviction code	Date of Offence	Points

Do you have any penalty points pending which do not yet show on your license? Yes / No

If yes, please give details below:

…….....

…….....

ADR

Do you hold a current ADR Licence (for the transport of hazardous goods)? Yes / No

If so, please circle which classes below:

1 2 3 4 5 6 7 8 9

Does your license entitle you to transport hazardous ISO tanks? Yes / No

When does your ADR Licence Expire …….....

Digital Tachograph Card

Do you hold a valid Digital tachograph card? Yes / No

If yes, please state the serial number and expiry date below:

Digital tachograph card serial number …….....

Expiry date …….....

Rhides Card

Do you hold a valid RHIDES Card? Yes / No

If yes, please state the serial number and expiry date below:

RHIDES Card serial number …….....
Expiry date …….....

Driver CPC

Do you hold a valid driver CPC? Yes / No

If no, please answer the following:

How many hours have you completed at the time of this application …….....

Can you provide proof of this training? Yes / No

Other Information

Are you trained or conversant with the road transport (working time) directive? Yes / No

Are you conversant with the highway code? Yes / No

Have you used and do you understand a digital tachograph? Yes / No

Are you willing to work weekends when required? Yes / No

Health & Safety

Are you currently taking any prescribed medication, which may impact on your ability to driver & carry out your duties?

Yes / No

If you have answered yes to prescribed drugs, please state the name of the medication:

…….....

Are you currently taking any non-prescribed drugs or medication which may impact on your ability to drive?

Yes / No

If you have answered yes to non-prescribed drugs, please state what below:

…….....

Do you require glasses for driving? Yes / No

If "yes" have you informed the DVLA? Yes / No

Does the code for wearing glasses (01) show on your license? Yes / No

Do you wear a hearing aid for driving? Yes / No

If "yes" have informed the DVLA? Yes / No

Does the code for wearing a hearing aid (02) show on your license? Yes / No

Are you aware of any reasons, which may impact on your ability to drive long distances? Yes / No

If yes, please state reasons below:

…….....

References

Please give names and addresses of two referees

Current / Most recent Employer		Previous Employer	
Name & Full Address		Name & Full Address #	
Post code		Post code	
Contact no|		Contact No:	
Occupation		Occupation	
Working Relationship		Working Relationship	

Can we contact your present employer? Yes / No

Now? Yes / No

After interview? Yes / No

After offer has been made and accepted? Yes / No

Please provide your consent for us to action the references as specified, by signing below:

Your Signature …….....

Date …….....

Declaration

I confirm that all the information provided is true and complete and that I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the UK and can provide original documentation to confirm this.

I consent to the information I have given on this application form and in all other enclosed documentation being held, used and updated under the security safeguards of the data Protection Act 1998.

Signature: ……..... Date:…….....