



APPLICATION FORM – DRIVERS

All information given will be treated as strictly confidential.
PLEASE COMPLETE IN BLOCK CAPITALS

SURNAME (MR/MRS/MISS/MS)		
FIRST NAMES		
ADDRESS		
TELEPHONE NUMBER (HOME):		
TELEPHONE NUMBER (MOBILE):		
DATE OF BIRTH:	NEXT OF KIN:	
MARITAL STATUS	NAME:	
NUMBER OF CHILDREN AND AGES	RELATIONSHIP TO YOU:	
	ADDRESS:	
ARE YOU A REGISTERED DISABLED PERSON? YES/NO	NUMBER OF DAYS ILLNESS DURING THE LAST 2 YEARS	
IF SO PLEASE STATE REGISTRATION NUMBER:		
SECONDARY EDUCATION (NAME OF SCHOOL)	FROM/TO	EXAMINATIONS PASSED & GRADES
PROFESSIONAL QUALIFICATIONS & MEMBERSHIP OF PROFESSIONAL BODIES INCLUDING ANY FIRST AID TRAINING	DATE OF PASS/ACCEPTANCE	LEVEL
DO YOU HOLD A CURRENT PCV LICENCE? YES/NO	HAVE YOU BEEN CONVICTED OF ANY DRIVING OFFENCES DURING THE PAST 11 YEARS? YES/NO	
IF SO DATE YOU PASSED THE TEST:		
DO YOU HAVE ANY SPECIALISED SKILLS OR LANGUAGES? YES/NO		
IF SO PLEASE GIVE DETAILS		

DRIVING HISTORY

HAVE YOU EVER BEEN CONVICTED OF A MOTORING OFFENCE, OR HAVE A PROSECUTION PENDING, OR SUSTAINED A FIXED PENALTY RESULTING IN AN ENDORSEMENT OF THE LICENCE DURING THE PAST 11 YEARS? YES/NO

IF SO PLEASE GIVEN DETAILS BELOW

DATE OF OFFENCE	DATE OF CONVICTION	OFFENCE CODE	PENALTY POINTS	LICENCE ENDORSED	ALCOHOL LEVEL & READING	LENGTH OF BAN (YRS/MTHS)	DID AN ACCIDENT OCCUR?
				YES/NO			YES/NO
				YES/NO			YES/NO
				YES/NO			YES/NO
				YES/NO			YES/NO
				YES/NO			YES/NO

HAVE YOU OR IN THE PAST HAD A DEFECT IN VISION OR HEARING, PHYSICAL OR MENTAL INFIRMITY OR SUFFERED FROM DIABETES, EPILEPSY OR ANY HEART COMPLAINT? YES/NO

RECEIVING TREATMENT NOW	DESCRIPTION OF DISABILITY/CONDITION	DATE DIAGNOSED	ADVISED TO THE DVLA
YES/NO			YES/NO
YES/NO			YES/NO
YES/NO			YES/NO
YES/NO			YES/NO
YES/NO			YES/NO

HAVE YOU, TO YOUR KNOWLEDGE, EVER HAD SPECIAL CONDITIONS ATTACHED TO A MOTOR VEHICLE INSURANCE COVERING YOU TO DRIVE. YES/NO

IF SO PLEASE GIVE FULL DETAILS OF THE CONDITIONS:

**EMPLOYMENT HISTORY. PLEASE PUT PRESENT OR MOST RECENT EMPLOYER FIRST
(INCLUDING HM FORCES)**

NAME, ADDRESS AND TELEPHONE NUMBER PLUS NATURE OF BUSINESS	POSITION AND MAIN RESPONSIBILITIES	FROM/TO	LEAVING SALARY	REASON FOR LEAVING
HAVE YOU GIVEN NOTICE TO YOUR CURRENT EMPLOYER? YES/NO		HOW SOON COULD YOU COMMENCE EMPLOYMENT WITH US?		
PLEASE GIVE DETAILS OF ANY HOLIDAY COMMITMENTS DURING THE NEXT 12 MONTHS		PLEASE GIVE THE NAMES OF ANY RELATIONS OR FRIENDS WORKING FOR THIS COMPANY		
PLEASE GIVE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PEOPLE WHO MAY BE CONTACTED TO PROVIDE REFERENCES AND STATE HOW YOU KNOW THEM				
NAME: ADDRESS: TELEPHONE NO:		NAME: ADDRESS: TELEPHONE NO:		
I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE SIGNED: DATE:				
<p align="center">OFFICE USE ONLY</p> DATE OF COMMENCEMENT: COPY OF LICENCE TAKEN: YES/NO				