# John Miller Limited

# APPLICATION FOR EMPLOYMENT - DRIVER

## Personal Details

First Names: Surname:

Address:

Postcode:

Telephone: Mobile:

Date of Birth:

Do you need a permit to work in the UK? Yes/No

Do you hold a UK passport? Yes/No

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)? Yes/No

If Yes, please give full details:

## Your Application

Have you worked for John Miller Transport before? Yes/No

Are you related to anyone employed by John Miller Transport? Yes/No

How much notice are you required to give your current employer?

### Licences/Certificates held

Do you have a current driving licence Yes/No

If yes, please supply date passed:

If yes, do you have any endorsements?

Do you have any further licences? LGV 1/LGV 2/Both/Other

Date passed:

Please give details of any endorsements:

## Accidents/Bans

Please provide details of any accidents you have been involved in during the past 3 years

( including accidents with your own motor vehicle(s) )

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| --- | --- | --- | --- | --- | --- |
| **Description of accident** | **Date** | | **Fines imposed** | **Points received on licence** |  |
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Please provide details of any driving bans imposed against you in the past 10 years

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| --- | --- | --- | --- | --- | --- |
| **Description of Ban** | **Date** | | **Fines imposed** | **Driving bans period** |  |
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## Work Experience

Starting with your most recent, please summarise your last 5 years’ work experience. If at any time during this period you were not in employment please detail the reasons and dates below.

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| --- | --- | --- | --- | --- |
| Employer’s Name and Address | Date | | Description of job/duties | Reason for leaving |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please set out below any further information to support your application, eg past achievements, future aspirations, personal strengths.(please use extra paper if required):

## Health

Do you consider yourself to have a physical or mental disability or long-term medical condition that affects you in your normal day to day activities. Yes/No

How many days were you absent through illness or injury in the last 12 months?

## References

All employment offers are subject to satisfactory references being obtained. We require contact details of two people, your most recent employer and one other from the last five years if applicable. References will only be sought once an offer of employment has been made.

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position |
| Company Name: | Company Name: |
| Address: | Address |
|  |  |
| Post Code | Post Code |
| Tel No: | Tel No: |

## Declaration

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection, or if employed dismissal.

I understand these details will be held in confidence by Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

### Signature Date