

# PRIVATE AND CONFIDENTIAL APPLICATION FOR EMPLOYMENT

PLEASE RETURN TO: Lyle Watson

McBurney Transport  
205 Moorfields road  
Ballymena  
BT42 3EG

## DRIVERS APPLICATION

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

### SECTION 1 - PERSONAL DETAILS

Surname:	Forename(s):
Address:	Telephone (day):
	Mobile:
	National Insurance No:
Postcode:	Date of Birth:
Email Address:	

### SECTION 2 - EMPLOYMENT DETAILS

Position applied for: <b>LGV 1 Driver (Class1)</b>			
If offered this position, will you work in another capacity?			
Would you prefer to work	Days	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Nights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Casual <input type="checkbox"/>	
What date are you available to start work?			
Would you be prepared to work overtime?			

## SECTION 3 - HEALTH & MEDICAL DETAILS

Are you in good general health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If No, Please state medical condition.			
Do you suffer from any of the following health conditions:-			
a. Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
if yes, is the diabetes managed by:-	i) Insulin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii) Tablet and Diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	iii) Diet only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Heart or circulatory disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Stomach or intestinal disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Any condition which causes difficulties sleeping (sleep apnoea (OSA))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e. Any condition which causing excessive daytime sleepiness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f. Chronic chest disorders, (especially if night time sensitive)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
g. Any medical condition requiring medication to a strict timetable	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
h. Any back condition, (sciatica, Osteoporosis, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
i. Any form of epileptic attack / blackout or impaired consciousness in the past 5 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you have answered 'Yes' to any of the above questions give details:			
Have you visited your doctor in the past 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please give details.			
Are you receiving any medical treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please give details.			
Are you taking any <b>prescribed</b> or <b>otherwise</b> medication which may affect your work or driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please give full details.			

## SECTION 3 - HEALTH & MEDICAL DETAILS (Continued)

Do you have any form of disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details of how we can help you overcome these limitations.		
Do you currently suffer from, or within the last 12 months, have you suffered from an alcohol or drug problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Please give full details.		
Have you taken any illegal substances in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Please give full details.		
Please list any absence from work in the last 12 months and state the reasons for them.		
Are you prepared to undergo a medical examination prior to employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you agree to random drug and alcohol testing if required by either McBurney Refrigeration or its customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SECTION 4 - GENERAL INFORMATION

Do you hold a current driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Date you passed your LGV 1 (C+E) test	.....				
Do you hold a current digital tachograph card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have you been trained in the use of a digital card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Do you hold a current drivers qualification card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
How many hours CPC training do you hold for this period?	7	14	21	28	35
Do you have any endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If Yes, Please give full details.					

## SECTION 4 - GENERAL INFORMATION (CONTINUED)

Have you ever had your licence revoked for the following reasons?

Drink Driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Careless Driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Excessive Speeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driving without Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health Reasons	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'Yes' to any of the above questions give details:

Have you appeared in front of a Traffic Commissioner regarding an offence and had any action taken against your vocational entitlement? Yes  No

If Yes, Please give full details

Are you currently subject to any direction from a Traffic Commissioner? Yes  No

If Yes, Please give full details

Do you have any criminal conviction(s) that is considered not spent under the Rehabilitation of Offenders Act 1974? Yes  No

If Yes, Please give full details

Are you a UK or European Union National? Yes  No

If No, please attach the relevant documentation stating your eligibility for employment in the UK.

## SECTION 5 - HOBBIES & INTERESTS

Please give details of Hobbies and Interests:

## SECTION 6 - EDUCATION

School/College/University	Date	Qualifications (subjects and results)

Please state any skills you have, or courses you have attended relevant to the position you are applying for:

Do you speak or read a foreign language? (Please give details)

# SECTION 7 - WORK HISTORY VOLUNTARY, UNPAID ETC.

(Starting with the most recent)

<b>NAME &amp; ADDRESS OF EMPLOYER:</b>	<b>NAME &amp; ADDRESS OF EMPLOYER:</b>
Starting/ Leaving Date:	Starting/ Leaving Date:
Rate of Pay:	Rate of Pay:
Job Title:	Job Title:
Details of Duties / Responsibilities	Details of Duties / Responsibilities
Name of Supervisor / Manager:	Name of Supervisor / Manager:
Reason for Leaving:	Reason for Leaving:
<b>NAME &amp; ADDRESS OF EMPLOYER:</b>	<b>NAME &amp; ADDRESS OF EMPLOYER:</b>
Starting/ Leaving Date:	Starting/ Leaving Date:
Rate of Pay:	Rate of Pay:
Job Title:	Job Title:
Details of Duties / Responsibilities	Details of Duties / Responsibilities
Name of Supervisor / Manager:	Name of Supervisor / Manager:
Reason for Leaving:	Reason for Leaving:

## SECTION 8 - SUPPLEMENTARY INFORMATION.

Please give dates of any holiday arranged _____	
Are you subject to any restraints in your current or you're future employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please give full details	
Do you have any commitments which might limit you're working hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please give full details	
How much notice are you required to give to leave your present employer? _____	
Have you worked with us before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Please give full details	

## SECTION 9 - REFERENCES.

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job.  
(One of these must normally be a previous employer)

**Can we approach your present / most recent employer?** Yes  No

Name:	Name:
Company:	Company:
Position:	Position:
Address:	Address:
Post Code:	Post Code:
Telephone Number:	Telephone Number:
Email:	Email:

## SECTION 10 - APPLICANTS DECLARATION.

I confirm that the information I have given in this application is correct.		
I understand that any false information or deliberate omissions will disqualify me from employment and may render me liable for dismissal.		
Sign.....	Print.....	Date.....

**For office use only**

<p>Comments / Areas to examine:</p>
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Decision:	Reject [ ]	Further Interview [ ]	Accept [ ]
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<p>Interviewers report &amp; reason for decision</p> <p style="text-align: right;">Rejection letter sent :    Yes [ ]        No [ ]</p> <p style="text-align: right;">If yes, date sent _____</p>
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**APPOINTMENT RECORD** (To be completed where there has been an offer of employment)

<p>Conditional offer letter:</p> <p>Date sent: _____</p> <p>Response: _____</p> <p>Acceptance / Refusal / No Reply</p>	<p>Requests for references:</p> <p>Date sent: _____</p> <p>Response: _____</p> <p>Good / Satisfactory / No Reply / Suspect / Unsuitable</p>
<p>Medical Examination / Medical Report:</p> <p>Date sent: _____</p> <p>Response: _____</p> <p>Good / Satisfactory / No Reply / Suspect / Unsuitable</p>	<p>Other Conditions:</p> <p>Work Permit:</p>

<p>Additional Information</p>
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