



APPLICATION FORM



OFFICE USE ONLY		LICENCE CHECK		
NAME				
START DATE				
TYPE	LONG DISTANCE			
	DAYS			
	NIGHTS			
	OTHER			
CODE :				
WAGES DETAILS				
PHONE				
FUEL CARDS				
ROAD ASSESMENT	PASS		FAIL	
	FURTHER TRAINING			
COMMENTS				
HAZARD PERCEPTION TEST		SCORE	/75	(Pass - 40)
	PASS		FAIL	

John Raymond Transport Ltd
 Ewenny Industrial Estate
 Bridgend
 CF31 3EZ
 Tel: 01656 666800

APPLICATION / PRE-EMPLOYMENT

	Surname	Christian Name(s)	
Please Print			
Address			
Post Code		Phone	
E-mail		Mobile	
Next of Kin		Address if different from above	
Phone		Mobile	

National Insurance No	Nationality		
Do you hold a current passport	Yes / No	If Yes, please state number	

Is your health good?	Yes / No
Have you had surgery in the last 3 years, if so explain	

Have you received treatment for :	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Any form of illness that has or could result in blackouts	<input type="checkbox"/>	<input type="checkbox"/>

The work may involve off loading by hand, do you have/or have you had any illness that would restrict you doing this type of work ?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you suffer from any skin disorders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you suffer from any illness related to using vibratory tools, such as vibratory white finger (VWF)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Eyesight	Normal <input type="checkbox"/>	Spectacles <input type="checkbox"/>
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What sort of work do you prefer :	<input type="checkbox"/> Days <input type="checkbox"/> Long Distance <input type="checkbox"/> Nights <input type="checkbox"/> Other
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LGV 1 <input type="checkbox"/>	LGV 2 <input type="checkbox"/>
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I hold the following driving licence (s) :

Licence Type	Licence / Permit No	Issued By	Expiry Date

Date first licence issued (Car)		Date first passed test (LGV)	
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Others <input type="checkbox"/>

Forklift <input type="checkbox"/>

ADR <input type="checkbox"/>

Driver CPC <input type="checkbox"/>

Outside the training you received to pass your LGV licence, have you received instructions on driving commercial vehicles from a qualified instructor or training body? If so please state :

The training Body :	
Type of vehicles :	
Place of training :	
Give details of experience gained, roping, sheeting etc :	

PREVIOUS EMPLOYMENT

Most Recent First

Name & Address of Employer :	

Start Date	Date Finished
_____	_____
Reason For Leaving	

Name & Address of Employer :	

Start Date	Date Finished
_____	_____
Reason For Leaving	

Name & Address of Employer :	

Start Date	Date Finished
_____	_____
Reason For Leaving	

ANY INFORMATION THAT YOU WOULD LIKE US TO KNOW

I have examined the applicant's driving licence (s) above and it is (they are) :

The applicants

Valid for the country in which the applicant is resident

Valid for the group (s) stated

A copy has been made and is attached

Has (have) the following restrictions

Has the Application Form been fully completed		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date	/ /	Print Name			
		Signed JRT Representative			

FOR OFFICE USE ONLY

REFERENCE REQUESTED - DATE

REFERENCE RETURNED - DATE

WAGES CODE

CLOCK CARD NO