DRIVER - APPLICATION FORM

*PLEASE RETURN THIS COMPLETED FORM TO:

ARGO HAULAGE LTD KIRKWOOD MILL

PENISTONE STH YORKS

APPLICANT (please complete in ink in block capitals)

POSITION REQUIRED:

S36 6HQ

FORENA	ME(S):		D	O YOU HAVE	A CURRENT CLEAN DRIVERS LICENCE:	YES / NO	
SURNAME:			F	FOR WHAT CLASSES OF VEHICLE:			
HOME ADDRESS:			N	NUMBER OF PENALTY POINTS ON CURRENT DRIVING LICENCE:			
			Н	IAVE YOU EVI	ER HAD YOUR DRIVING LICENCE REVOKED:	YES / NO	
			D	O YOU HAVE	YOUR OWN TRANSPORT:	YES / NO	
				YOU'RE LIVING ACCOMODATION:			
TEL. NO. (HOME):			*	OWNER / RENTED / LIVING WITH PARENTS			
MOBILE NO.:			C				
E-MAIL (HOME):							
DATE OF BIRTH:							
GENERA	L EDUCATION	I – Please give details of schools att	ended in da	ate order.			
FROM	то	NAME OF SCHOOL:					
FURTHEF	R EDUCATION	/ TRAINING – Please give details o	f College / (Organisatio	n attended in date order.		
FROM TO NAME OF ORGANISATION:							
EXAMIN	ATION RESU	LTS / QUALIFICATIONS OBTAINED					
DATE	SUBJECT / QUALIFICATION		GRADE	DATE	SUBJECT / QUALIFICATION	GRADE	
			1				

DETAILS OF PRESENT EMPLOYER (or last job if currently unemployed	1)
DATE FROM: DATE TO:	RESPONSIBLE TO:
YOUR JOB TITLE:	YOUR MAIN DUTIES:
EMPLOYERS NAME & ADDRESS:	
	AVERAGE HOURS WORKED (INC. OVERTIME):
	BASIC PAY (BEFORE DEDUCTIONS):
NATURE OF BUSINESS:	£PER ANNUM OR £PER HOUR
REASON FOR LEAVING / WANTING TO LEAVE:	
DETAILS OF PREVIOUS EMPLOYMENT (In date order, most recent fire	st)
DATE FROM: DATE TO:	RESPONSIBLE TO:
YOUR JOB TITLE:	YOUR MAIN DUTIES:
EMPLOYERS NAME & ADDRESS:	
	REASON FOR LEAVING:
	N.2. 130. (1 0 N. 22) (1 N. 13)
NATURE OF BUSINESS:	
DETAILS OF PREVIOUS EMPLOYMENT (In date order, most recent fire	st)
DATE FROM: DATE TO:	RESPONSIBLE TO:
YOUR JOB TITLE:	YOUR MAIN DUTIES:
EMPLOYERS NAME & ADDRESS:	
	REASON FOR LEAVING:
	REASON FOR LEAVING.
NATURE OF BUSINESS:	
DETAILS OF PREVIOUS EMPLOYMENT (In date order, most recent fire	st)
DATE FROM: DATE TO:	YOUR MAIN DUTIES:
EMPLOYERS NAME & ADDRESS:	
	REASON FOR LEAVING:
NATURE OF BUSINESS:	

GENERAL DETAILS:							
SUMMARY OF YOUR PRACTICAL / SPECIALIST SKILLS ACQUIRED							
SUMMARY OF YOUR PRACTICAL / SPECIALIST SKILLS ACQUIRED							
WHAT ARE YOUR MAIN INTERESTS?							
WHAT ARE YOUR MAIN INTERESTS?							
DO YOU HAVE ANY OTHER EMPLOYMENT (Including part-time/night work) WHICH YOU INTEND TO CONTINUE? YES /	NO						
(If yes give details)							
HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT? YES /	NO						
(if yes give reason)							
DECLARATION : (Please read carefully, then sign and date your application)							
I confirm that the above information is correct and I consent to it being processed for the purposes of recruitment. I also understand to	hat						
misleading statements may be sufficient grounds for cancelling any agreements made and that questions left unanswered may be							
discussed at interviews arising from this application.							
APPLICANT SIGNATURE: DATE:							
AT EIGHT SIGNATURE.							
FOR OFFICE USE ONLY							