

OXFORD CARRIERS LLP - DRIVER APPLICATION FORM

Name:	Date of Birth:
Address	Tel Home:
	Tel Mobile:
	Email:
Post code	

Licence Type:		Years Held:
Licence Number:		Date Expires:
Have you ever been refused insurance cover?	Yes	No
Conviction & Penalty Points		Dates:
Accidents		Dates:
Details		

Other Qualifications (Fork Lift, First Aid etc.)

Present or Most Recent Employment	From:	To:
Name & Address of Employer:	Wage/Salary	
	Job Title:	
	Vehicle Types Driven:	
Brief Description of Duties & Responsibilities:	Reason for Leaving:	

Previous Employment

Dates	Company	Wage	Employed As	Reason For Leaving:

Dates	Company	Wage	Employed As	Reason For Leaving:

Education and Training			
Date	Examination or Qualification	Grade	School/College

Interests and Hobbies

Health	Approx Height:	Approx Weight:	Yes	No
Have you received treatment for Diabetes, Epilepsy, any other form of Blackout?				
Do you have an eyesight disorder?				
Do you need to wear glasses?				
Do you suffer from any disability/illness that could affect you in employment?				
Are you a registered disabled person?				
If you answered "YES" to any of the above please give details:				
Would you agree to an examination by a qualified medical practitioner?				

Convictions Other Than Driving		
Details of any convictions, if none please state "None"		
You may be asked to obtain a Police 'Prosecution/Conviction History. Details obtainable from the 'Force Data Protection Officer.		
Would you agree to this request?		

References - No approach will be made to your present employer before an offer has been made.	
Name:	Name:
Address:	Address:
Telephone:	Telephone:

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT AND THAT ANY FALSE STATEMENT MADE HEREIN COULD RENDER ME LIABLE TO SUMMARY DISMISSAL

Signature: Date:

Return to:- OXFORD CARRIERS, UNIT 25 STANTON IND EST, STANTON HARCOURT, WITNEY, OX29 5UX