

*PLEASE COMPLETE IN YOUR OWN HANDWRITING & continue on a separate sheet if needed*

Email your completed form to [andrew@whitkirkwaste.co.uk](mailto:andrew@whitkirkwaste.co.uk)

Post Title: <b>LGV tanker driver</b>	Reference Number:
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### Personal information

Surname:	Forename(s)
Address:	
_____	
_____	
Postcode:	
Email Address: _____	
Telephone:	
<input type="checkbox"/> Home	_____
<input type="checkbox"/> Business	_____
<input type="checkbox"/> Mobile	_____
<i>** (Please tick preferred method of contact)</i>	

### General

Do you have the legal right to take up employment in the UK	[ ] YES [ ] NO
Do you hold a full, clean UK LGV Driving Licence? (Enclose a copy)	[ ] YES [ ] NO **
Driver No _____	Date next medical due _____
LGV Class _____	Date passed _____
Are you ADR trained	[ ] YES [ ] NO
If yes, state ADR licence class and expiry date _____	
**Give details of any endorsements	
_____	
_____	
_____	

Please give details of any training/qualifications or experience you may feel is appropriate to this application.

**Availability for work** (please tick appropriate box)

Would you be willing to night-out?  YES  NO      You will receive £25 per night, tax free

Have you booked any holidays, or need time off in the next 6 months?  YES  NO

Please specify if so

Have you ever been refused a driving licence on medical grounds?  YES  NO

If yes please give details:

Do you suffer from any of the following (please circle)

Heart problems / Migraine/Headaches/Dizziness/Fainting/Epilepsy/Back Trouble/injury  
Blood Pressure/Diabetes/ RSI (or similar complaints) Other (state)

Are you currently taking any medication: YES/NO If yes, state name and dosage taken:

Approx Height:

Approx Weight:

How many days' sick have you had in the last 12 month period? :

Do you have an eyesight disorder?

Yes

No

If YES please give details (i.e. colour blindness)

Do you wear glasses or lenses for corrective vision?

Yes

No

Are you willing to undergo a medical examination?

Yes

No

**Licence Details**

How many hours of CPD completed since your first 35 hours _____		
Have you ever been banned from driving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide full details ( <i>continue on a separate sheet if necessary</i> )		

**Dismissal Information**

Have you ever been dismissed from employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please give details:		

**Previously Employed By Whitkirk Waste Solutions**

Have you ever been employed by Whitkirk Waste Solutions or The Bowring Group previously? [ ] YES [ ] NO If Yes, state the period employed and reasons for leaving _____ _____
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**Health and Safety**

Have you ever received education or training with regard to Health & Safety aspects of the job applied for?	<input type="checkbox"/> Yes (Tick below)	<input type="checkbox"/> No
<p>Circle if relevant:  Manual Handling/Driver CPC/Tachographs/Working Time Directive/Loading/Unloading  Fuelling/Vehicle Check/DGSA/ADR/Dangerous Goods/Medical Conditions (affecting driving)/  Working at Heights/First Aider/ Other (please specify)</p> <p>Have you had an accident at work or whilst driving in the past 5 years (regardless of fault) [ ] YES [ ]NO  If Yes, please give details (continue on a separate sheet if necessary)....</p>		

Employment will be subject to a successful practical exam to include the following Driver Road Test  
Pre-op check, trailer reversing and manoeuvre, loading and discharging a vacuum tanker

**Referees**

Please provide two people who can provide references – one of whom should preferably be your present or most recent employer:	
Name:	Name:
Position:	Position:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Email address:	Email address:
<i>I give/do not* give my permission to take up references prior to an offer of employment *(delete as appropriate)</i>	<i>I give/do not* give my permission to take up references prior to an offer of employment *(delete as appropriate)</i>

PLEASE PROVIDE DETAILS OF YOUR EMPLOYMENT HISTORY COMMENCING WITH THE MOST RECENT AND WORKING BACKWARDS.

ANY GAPS IN EMPLOYMENT MUST BE EXPLAINED

<b>EMPLOYER NAME &amp; ADDRESS</b>	<b>JOB HELD/KEY ACHIEVEMENTS</b>	<b>REASON FOR LEAVING</b>	<b>FINAL SAL/WAGE</b>	<b>DATE FROM</b>	<b>LEAVING DATE</b>

**Working Time Directive**

Under the Road Transport (Working Time) Regulations 2005, you are required to provide a new employer (in writing) with an account of the time worked for previous employers during the current summary period.

Date current 26 week summary period commenced:

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Date application form was completed:

.....

Average weekly hours worked for previous employers during this period:

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Total hours worked for previous employers during this period:

.....

**Declaration**

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third party via your pay slip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass certain third parties information to prevent or detect crime, to protect public funds, or in other ways permitted by law.

***I declare that the information I have given in this application is to the best of my knowledge, accurate and true. I understand that providing deliberately false or misleading information will disqualify me from appointment OR, if appointed, may result in my dismissal.***

By signing the application form we will be assuming that you agree to the progressing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commissioner.

**Data Protection Statement**

Whitkirk is committed to its workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

<p>White:</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> European</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background*</p> <p>Asian or Asian British</p>
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Gender ( <i>please specify</i> )
Do you consider yourself to have a disability? [ ] YES [ ] NO
The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day to day activities".
If YES, please state the nature of your disability:

How did you become aware of this vacancy? Job Centre / Agency / Company website / word of mouth / Other (please state) \_\_\_\_\_

Do you have a criminal record?

If YES, please give details: (*this will not necessarily bar you from appointment*)

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Do you have a conviction for a motoring offence? YES / NO

If YES, please give details: *(this will not necessarily bar you from appointment)*

**Criminal Convictions Declaration (Unspent)**

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act makes it illegal for Whitkirk Waste Solutions Limited to discriminate against ex-offenders on the grounds of ‘spent’ convictions. Under the Act, any convictions for a criminal offence can be regarded as ‘spent’ provided that the conviction does not carry a sentence excluded from the Act, such as a custodial sentence of more than 2.5 years, and no further convictions occur within this rehabilitation period.

You are entitled to withhold information about any ‘spent’ convictions. All other convictions, whether they be motoring or criminal, including convictions within the Armed Services, outside the United Kingdom or disciplinary action by certain professional bodies must be included unless they are regarded as ‘spent’ under the Act.

The information requested has been kept separate from the application to protect confidentiality. You should complete the form and return it to the Personnel Department, sealed in the envelope provided. Any details you provide will be treated in the strictest confidence and will not automatically exclude you from being considered for this or any other vacancy.

**I CERTIFY THAT:**

I have not withheld any information that may affect my application for appointment. I understand that false information or omissions may lead to dismissal. The information supplied above may be verified by Whitkirk Waste Solutions Limited.

Data Protection Act 1998

I consent to the information, which I have provided on this form, being used in the decision making process which will include requesting a criminal record check.

If you are appointed to a post, this form is resealed in an envelope and filed in your personal file. If you are unsuccessful, the form will be retained in a sealed envelope, with the papers relating to the vacancy and kept for six months before being destroyed.

Signature..... Print name .....

Date.....