**APPLICATION FOR EMPLOYMENT**

**DRIVING**

**TITLE:** **SURNAME:** **FORENAMES:**

**DATE OF BIRTH:** **NATIONAL INSURANCE NUMBER:**

**ADDRESS:**

**TEL:** **MOBILE/OTHER:**

/ /

**POSTCODE:**

**IN CASE OF EMERGENCY CONTACT:**

***Name:* *Relationship:***

***Tel*: *Mobile/Other:***

**NATIONALITY**

**CAN YOU REPORT TO WORK THE SAME DAY WE CALL YOU?** ***Yes*** ***No***

**TRANSPORT:** ***Bus*** ***Car*** ***Train*** ***Other***

**DRIVING LICENCE:** ***Provisional Full Endorsed None***

**DO YOU HAVE PROTECTIVE FOOTWEAR? *Yes* *No***

**DO YOU SMOKE? *Yes* *No***

**STATUS: *Married* *Single* DEPENDANTS: *Yes* *No***

**DO YOU HAVE ANY PHYSICAL LIMITATIONS WE SHOULD KNOW ABOUT? *Yes*  *No***

**IF YES PLEASE GIVE DETAILS:**

**CRIMINAL CONVICTIONS: *Yes* *No Details***

**ANY CAUTIONS: *Yes* *No Details***

***Company:***

***Manager:***

***Tel Number:***

***Company:***

***Manager:***

***Tel Number:***

***From:***

***To:***

***From:***

***To:***

## EMPLOYMENT

## EMPLOYER

## DATES

***Position:***

***Rate of Pay:***

***Position:***

***Rate of Pay:***

|  |  |  |
| --- | --- | --- |
| ***From:***  ***To:*** | ***Company:***  ***Manager:***  ***Tel Number:*** | ***Position:***  ***Rate of Pay:*** |
| ***From:***  ***To:*** | ***Company:***  ***Manager:***  ***Tel Number:*** | ***Position:***  ***Rate of Pay:*** |
| ***From:***  ***To:*** | ***Company:***  ***Manager:***  ***Tel Number:*** | ***Position:***  ***Rate of Pay:*** |

Please fill in above the past 5 years work history.

**REASON FOR LEAVING LAST EMPLOYMENT:**

# Date

# Location

# Subject / Course

**QUALIFICATIONS:**

**WHICH AGENCIES HAVE YOU PREVIOUSLY WORKED FOR AND WHERE DID YOU WORK?**

***Agency Name* *Where You Worked* *Pay Rate***

**I certify that this information is true and complete and that I am at least 16 years of age.**

**I have approached LF UK Recruitment Services Ltd for employment of my own free will.**

**Signed: Date:**

**WHICH LICENCE DO YOU HOLD.**

**CLASS 1 CLASS 2 7.5T VAN**

**WHEN DID YOU LAST USE YOUR LICENCE FOR WORK:**

### Notes,

#### DIGGI CARD

**HIAB**

**FLT**

**ADR T**

**ADR P**

**CPC**

|  |
| --- |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Between** | | LFUK RECRUITMENT SERVICES | | **&** |  | | | | |
| *(Hereinafter called the Employment Business)* | | | | | | | | | |
|  |  | | | | | | | | |
|  | | |  | | |  |  |  | |
|  |  | | | | | | | | |
| **1.** | **Punctuality – You are expected to be punctual for work. Because of our commitment to our Client, we take a very** | | | | | | | | |
|  | **Serious view of punctuality. Drivers who cannot be relied on will inevitably be offered fewer jobs, often with less favourably clients. Reliability is an absolute essential. If you are delayed for any reason you must let us know immediately.** | | | | | | | | |
| **2.** | **Performance – Unless you are ill, or there are other reasons agreed by LFUK, you will be expected to** | | | | | | | |  |
|  | **Devote your full time, ability and attention to the business of our client when on a specific job. From the time of** | | | | | | | |  |
|  | **You starting until you cease working for them you will be a member of their staff and will be expected to work /** | | | | | | | | |
|  | **Drive their vehicle as directed by their staff.** | | | | | | | | |
| **3.** | **Completing Time Sheets - This is most as it provides the only authority by which you will be paid. At the end of** | | | | | | | | |
|  | **Each day enter to the nearest ¼ Hour the number of hours worked and also put your start / finish time and the hours** | | | | | | | | |
|  | worked in the appropriate box. Your time sheet must also be signed by an authorised member of staff. | | | | | | | | |
|  | YOU WILL NOT BE PAID IF YOU DO NOT RETURN YOUR TIMESHEET FOR THE WEEK WORKED. | | | | | | | | |
|  |  | | | | | | | | |
| **4.** | **HANDING IN TIMESHEETS – Your timesheet must be signed and returned to our office by Monday of the following** | | | | | | | | |
|  | **Week you have worked. Any timesheets returned late WILL NOT BE PROCESSED THAT WEEK.** | | | | | | | | |
| **5.** | **THE 24HOUR TELEPHONE - Please ensure you ring this number in any event. I.E Accidents unable to turn in work** | | | | | | | |  |
|  | **Problems whilst on assignment etc.** | | | | | | | |  |
| **6.** | **Availability – You must ring the office if you are available for work.** | | | | | | | | |
| **7.** | **DRESS CODE – You must be suitably dressed whilst on assignments. You must have a HI VIZ VEST and STEEL TOECAP SAFETY BOOTS OR SHOES.** | | | | | | | | |
| **8.** | **PLEASE TREAT ALL VEHICLES WITH RESPECT. Please return vehicles the way you have found them. If you have any** | | | | | | | | |
|  | **Issues you must inform a member of the transport department. ALL VEHICLES ARE NO SMOKING……**  **ALL FINES WEATHER SPEEDING OR PARKING WILL BE PAID BY THE DRIVER AND WILL BE DEDUCTED FROM WAGES.** | | | | | | | | |
| **9** | Conduct of Assignments | | | | | | | | |
|  | **The Temporary Worker is not obliged to accept any Assignment offered by the Employment Business but if he does so, during every Assignment and afterwards, as appropriate, he will** | | | | | | | | |
| **a** | **Co-operate with the Client's staff and accept the direction, supervision and control of any responsible person in the Client's organisation** | | | | | | | | |
| **b** | **Observe any relevant rules and regulations of the Client's establishment to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain** | | | | | | | | |
| **c** | **Unless arrangements have been made to the contrary, conform to the normal hours of work currently in force at the Client's establishment** | | | | | | | | |
| **d** | **Take all reasonable steps to safeguard his own safety and the safety of any other person who may be present or affected by his actions on the Assignment and comply with the Health and Safety Policy of the Client;** | | | | | | | | |
| **e** | **Not engage in any conduct detrimental to the interest of the client.** | | | | | | | | |
| **f** | **To return all relevant documents materials and/or equipment to the Client/Employment Business as appropriate, or at the end of the Assignment** | | | | | | | | |
| **g** | **Not at any time divulge to any person, nor use for his own or any other persons benefit, any information in relation to Client's or Employment Business's employees, business affairs, transactions or finances.** | | | | | | | | |

I understand and agree to the above Terms of Engagement

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Dated: |  |

**NEW STARTER FORM FOR WE CONTRACT**

PLEASE FILL IN DETAILS BELOW

|  |  |
| --- | --- |
| **Personal Details** | |
| Title | Mr / Miss / Mrs / Ms / OTHER |
| Surname |  |
| Forename |  |
| Contact number |  |
| Address |  |
| Postcode |  |
| NI NUMBER |  |
| D.O.B |  |
| Bank Name |  |
| Sort Code |  |
| Account number |  |
| Account name |  |
| Email address |  |

Below office use only

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LICENCE CHECK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ N.I NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ I.D (PASSPORT/BIRTH CERT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADDITIONAL REQUIREMENTS ………………………………………………….

………………………………………………………………………………………….

………………………………………………………………………………………….

**E. DRIVERS’ RULES – QUESTIONNAIRE**

*Please complete your answer by ticking a box or completing the blank spaces.*

|  |  |
| --- | --- |
| 1 | What is the permitted daily driving period:   1. 8 hours 🞎 c) 9 hours 🞎 2. 10 hours 🞎 d) 11 hours 🞎 |
| 2 | The daily driving period may be extended to a maximum of \_\_\_\_\_\_\_\_ hours twice a week. |
| 3 | What is the permitted weekly driving limit:   1. 48 Hours 🞎 b) 56 hours 🞎 c) no limit 🞎 |
| 4 | A fortnightly driving periods must not exceed:  a) 94 Hours 🞎 b) 90 hours 🞎 c) 86 hours 🞎 |
| 5 | A driver must take a statutory break of \_\_\_\_\_\_\_\_\_ minutes after a period of accumulated driving not exceeding \_\_\_\_\_\_\_\_\_\_\_\_ hours |
| 6 | The statutory break as in Q5 may be split into 2 smaller periods to be taken during the  4 ½ hours driving period. How may the break be split:  1st break = \_\_\_\_\_\_\_\_\_\_\_ minimum minutes  2nd break must be = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes |
| 7 | If you carry out non-driving work before you start your driving for the day, is this time required to be recorded manually on the tachograph chart?  Yes 🞎 or, No 🞎 |

**Skills:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LGV 1 |  | CONTAINERS |  | TIPPERS |  | PLEASE  TICK  EXPERIENCE |
| LGV 2 |  | FRIDGE |  | WASTE |  |
| 7.5 TONNE |  | FLAT BED |  | TANKERS |  |
| NON LGV |  | ROPE & SHEET |  | SKIPS |  |
| TACHO EXP |  | CHAINS |  | STRAPS |  |
| MULTI DROP (0-20) |  | MULTI DROP (20-40) |  | MULTI DROP (40+) |  |
| PSV |  | HIAB |  | CURTAIN SIDER |  |
| ADR |  | LOW LOADER |  | DRAW BAR |  |

**Other Information:**

|  |  |  |
| --- | --- | --- |
| PREFERRED HOURS? | DAYS, NIGHTS, WEEKENDS |  |
| TRANSPORT? | YES / NO |  |
| WILLING TO DRIVE? | LGV 1 |  |
|  | LGV2 |  |
|  | 7.5 TONNE |  |
|  | NON LGV |  |
| UNIFORM? |  |  |
|  | SAFETY FOOTWEAR |  |
|  | HI – VIS VEST |  |
|  |  |  |

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**DRIVERS DECLARATION – WORKING TIME**

***Please complete one of the following options:***

|  |
| --- |
| **EMPLOYEE DECLARATION - *OPTION A*** – ***no other work.*** |
| I (name) ………………………………………………… hereby declare that **I AM NOT** currently engaged in any work outside of my commitments to LFUK Recruitment Services, which would need to be included in the firms calculations of my working time under the new Road Transport Working Time regulations. I undertake to inform LFUK Recruitment services immediately if this situation should change at any point during my employment. |
| **Signed:……………………………………. Date:………………………** |

|  |
| --- |
| **EMPLOYEE DECLARATION - *OPTION B*** *–* ***other work.*** |
| I (name) ………………………………………………….hereby declare that **I AM** currently engaged in work outside my commitments to LFUK Recruitment Services which will be needed to be considered in the firm’s calculations of my working time under the new Road Transport Working Time Regulations. I undertake to keep LFUK Recruitment Services informed in writing of the hours worked elsewhere on a weekly basis. |
| *Please provide basic details of all other employers:* |
| **Employer Name and Address:** |
| Type of Work: Start Date: Hrs worked per week: |
|  |
| **Employer Name and Address:** |
| Type of Work: Start Date: Hrs worked per week: |

**MEDICAL QUESTIONNAIRE**

***STRICTLY CONFIDENTIAL***

These questions are designed by us to help you. Please answer them carefully.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | D.O.B. | | | |  | | N.I. No.: | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Have you at any time suffered from any of the following?** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| 1 | Hepatitis, typhoid, paratyphoid A & B | | | | | | | | | | |  |  | | Yes |  |  | No |
| 2 | Dysentry, enteric fever | | | | | | | | | | |  |  | | Yes |  |  | No |
| 3 | Any Salmonella Infection | | | | | | | | | | |  |  | | Yes |  |  | No |
| 4 | Varicose Veins | | | | | | | | | | |  |  | | Yes |  |  | No |
|  | If Yes, do they trouble you if you stand for long periods | | | | | | | | | | |  |  | | Yes |  |  | No |
| 5 | Blackouts, dizziness or epileptic fits | | | | | | | | | | |  |  | | Yes |  |  | No |
| 6 | Heart or chest trouble | | | | | | | | | | |  |  | | Yes |  |  | No |
| 7 | Recurring injury to your back | | | | | | | | | | |  |  | | Yes |  |  | No |
| 8 | Scarlet fever | | | | | | | | | | |  |  | | Yes |  |  | No |
| 9 | Tuberculosis | | | | | | | | | | |  |  | | Yes |  |  | No |
|  |  | | | | | | | | | | | | | | | | | | | |
| **Have you suffered from any of the following within the last two years?** | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | |  | |  | |  | |
|  |  | | | | | | | | | | | | | | | | | | | |  | |  |  | | |  | |  | |  | |
| 1 | Chronic Bronchitis, asthma or hay fever | | | | | | | | | | |  |  | | Yes |  |  | No |
| 2 | Diarrhoea or vomiting for more than 24 hours in the last 3 months | | | | | | | | | | |  |  | | Yes |  |  | No |
| 3 | Chronic or recurrent coughing | | | | | | | | | | |  |  | | Yes |  |  | No |
| 4 | Discharge from eye, ear or nose | | | | | | | | | | |  |  | | Yes |  |  | No |
| 5 | Recurrent boils, sores or infected cuts | | | | | | | | | | |  |  | | Yes |  |  | No |
| 6 | Eczema or dermatitis of hands, arms or face | | | | | | | | | | |  |  | | Yes |  |  | No |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Do you hold a registered disabled card | | | | | | | | | | | |  |  | | Yes |  |  | No |
| If Yes, please give the number and reason for holding | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Are you on any prescribed medication | | | | | | | | | | | |  |  | | Yes |  |  | No |
| If Yes, please give details | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Do you bite your nails | | | | | | | | | | | |  |  | | Yes |  |  | No |
| Do you smoke | | | | | | | | | | | |  |  | | Yes |  |  | No |
| Are you visually impaired | | | | | | | | | | | |  |  | | Yes |  |  | No |
| If Yes, do you wear glasses / contact lenses | | | | | | | | | | | |  |  | | Yes |  |  | No |
| Is your hearing impaired | | | | | | | | | | | |  |  | | Yes |  |  | No |
| If Yes, do you wear a Hearing Aid | | | | | | | | | | | |  |  | | Yes |  |  | No |
|  |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |
| *I understand that I should report any stomach upsets to LFUK Recruitment Services and that failure to do so is a breach of Company Rules.*  *I understand that the nature of my new job means that I may be engaged in repetitive movements of my hands, wrists and arms, which I may not be used to and which, if not treated, could develop into a condition known as Tenosynovitis.*  *Tenosynovitis is a strain injury to a tendon or group of tendons around the wrist region causing inflammation of the tendon sheath. Symptoms include swelling, weakness and pain over the tendon/muscle structure on the back of the wrist and forearm. In more severe cases, a creaking or crunching sensation can be felt in the effected area or movement of the thumb.*  *Should I experience any pain of this nature, I accept that I* ***MUST*** *report the fact to my immediate supervisor and* ***FIRST AID*** *in order that arrangements can be made to receive medical advice/treatment without delay.*  *I acknowledge that failure to follow this procedure is a breach of Company Rules.*  *I agree that all the information on this form is to the best of my knowledge correct and that I have not withheld any information that may be of help to my Health & Safety whilst in the employ of LFUK RECRUITMENT.* | | | | | | | | | | | | | | | | | | | | |
| Signed: | |  | | | | | Date: | | |  | | | | | | | | | | |

01) Under EC rules your normal daily rest period should be at least  
A - 8 hours  
B - 11 hours  
C - 13 hours  
D - 14 hours

02) You have a digital tachograph driver smart card. It is valid for a maximum of  
A - One year  
B - Three years  
C - Five years  
D - Ten years

03) What is the minimum height of an unmarked bridge?  
A - 4.5 metres (15 feet)  
B - 4.7 metres (15 feet 6 inches)  
C - 4.8 metres (16 feet)  
D - 5.0 metres (16 feet 6 inches)

05) The Driver Certificate of Professional Competence (CPC) requires you to take training every five years.  
What is the MINIMUM number of hours training required?  
A - 30 hours  
B - 35 hours

C - 40 hours  
D - 45 hours

18) You are approaching this sign. Who has priority?   
  
A - Larger vehicles  
B - Oncoming traffic  
C - Smaller vehicles  
D - You have right of way