

Please complete the application in BLOCK CAPITALS and tick where appropriate.

Personal Details

Title	Mr/Mrs/Miss/Ms
Surname	
First Name(s)	
Address	
Post Code	
Home Tel No	
Mobile No	
Email Address	
Date of Birth (Optional)	

Are you eligible to work in the UK	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any restrictions to your right to work in the UK	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered 'Yes' please provide details below:				

Vacancy Sought

Position Applied for	
Depot Applied for	

Preferred Hours	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Weekends	<input type="checkbox"/>
Preferred Work	Days	<input type="checkbox"/>	Nights	<input type="checkbox"/>	Tramping	<input type="checkbox"/>	International	<input type="checkbox"/>
Are you prepared to have nights out					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Driving Licence

Do you hold a full Driving Licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Which LGV category do you hold on your licence	C+E	<input type="checkbox"/>	C	<input type="checkbox"/>
Are there any restriction codes on your licence – please list	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you obtain your Car (Category B) test after the end of 1997	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you obtain your Category C test after 9 th September 2009	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered 'Yes' to any of the two questions above, please answer the below two questions				
Have you completed the initial CPC Module 2 test	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you completed the initial CPC Module 4 practical assessment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Driver CPC

Do you hold a valid CPC (Full 35 hours)				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered 'No', or have additional CPC hours, please complete the below section							
Course Details	Date Obtained	Hours Credited	Training Provider				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

ADR

Do you hold a current ADR licence							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What Classes (In Tanks)	1	2	3	4	5	6	7	8	9	
What Classes (In Packages)	1	2	3	4	5	6	7	8	9	
ADR expiry date										

Endorsements

Do you have any motoring convictions/points on your licence							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered 'Yes' please give the details below										
Conviction Code	<input type="text"/>	Date of Offence	<input type="text"/>	Points			<input type="text"/>			
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Conviction Code	<input type="text"/>	Date of Offence	<input type="text"/>	Points			<input type="text"/>			
Conviction Code	<input type="text"/>	Date of Offence	<input type="text"/>	Points			<input type="text"/>			
Have you been banned from driving within the last 10 years							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered 'Yes' please give the details below:										
Are you currently waiting on any court action for driving offences?										

Driving Experience

Fridges	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>
Containers	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>
Liquid Tankers	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>
Powder Tankers	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>
Tautliners	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>
Bulk Tipper	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>
RDC Deliveries	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>
Multi Drop Deliveries	Experienced	<input type="checkbox"/>	Inexperienced	<input type="checkbox"/>

Employment History

Current / Last Employer				
Name				
Address				
Telephone No				
Dates of Employment	to			
Position Held				
Reason for Leaving				
Notice Period				
Name & location of previous employers	Dates From	Dates To	Position Held	Reason for Leaving

Training & Qualifications

Training Establishment	Subject	Qualifications / Grades obtained	Date Obtained

References

Please provide details of two employment referees. By completing the below information you are giving your consent for these referees to be contacted should your application be successful.

Name of Referee	
Company Name	
Address	
Telephone No	
Email Address	

Name of Referee	
Company Name	
Address	
Telephone No	
Email Address	

Criminal Convictions

Have you ever been convicted of a criminal offence, other than a 'spent' conviction under the Rehabilitation of Offenders Act 1974	Yes		No	
If you have answered 'Yes' please provide details below:				

Data Protection

The company is registered under the GDPR Act (2016) and the information you provide on this form will be used to progress your application for employment and, if your application is successful, to administer your personnel record. Before starting your application and inputting your personal details please read enclosed Privacy Statement that contains details of our data collection policies and use of personal data.

By sending this application to Turners (Soham) Ltd, you confirm that you have read and understood the terms of the Privacy statement and understand that your information will be held and used as described above, particularly, you understand that your personal details will be disclosed to those outlined in the policy as part of the recruitment process.

I agree to the terms above

Declaration

I hereby declare that to the best of my knowledge the information contained in this form is true and accurate. I understand that any false declaration may render me liable to dismissal.

Signed: _____

Date: _____