

TRAINEE DRIVERS APPLICATION FORM

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)			
			 1

Are you eligible to work in the UK	Yes	No	
Are there any restrictions to your right to work in the UK	Yes	No	
If you have answered 'Yes' please provide details below:			

Work Preference (after licence acquisition)

Preferred Hours	Full Time	Part Time	Casual	Weekends	
Preferred Work	Days	Nights	Tramping	International	
Are you prepared to have night	ts out		Yes	No	

Driving Licence

Do you hold a category B or a category C driving licence?	В	С	
If only a category B, do you hold a category C provisional licence?	Yes	No	
Have you already gained your CPC Part One?	Yes	No	
Have you already gained your CPC Part Two?	Yes	No	

Endorsements						
Do you have any motoring	g convictions/points on	your licence		Yes	No	
If you have answered 'Yes	s' please give the deta	ils below				
Conviction		Date of Offence		Points		
Code						
Conviction		Date of Offence		Points		
Code Conviction		Date of Offence		Points		
Code		Date of Chones		1 011110		
Conviction		Date of Offence		Points		
Code						
Have you been banned from				Yes	No	
If you have answered 'Yes	s' please give the deta	ils below:				
Are you currently waiting	on any court action for	driving offences?				
Duising Franchism						
Driving Experien	ce					
Please let us know of any	driving experience yo	u have other than a ca	r licence - i.e. Dr	iving tra	ctors, pul	ling
trailers, caravans etc.						

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

Training & Qualifications

Training	Subject	Qualifications /	Date Obtained
Establishment		Grades 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				
Criminal Convi	ctions			
Have you over been o	onvicted of a criminal offence, other than a	Yes	N	
I Have you evel been o				
	er the Rehabilitation of Offenders Act 1974		0	
			0	
'spent' conviction unde			0	
'spent' conviction unde	er the Rehabilitation of Offenders Act 1974		0	
'spent' conviction unde	er the Rehabilitation of Offenders Act 1974		0	
'spent' conviction unde	er the Rehabilitation of Offenders Act 1974		0	
'spent' conviction unde	er the Rehabilitation of Offenders Act 1974		0	

TURNERS (SOHAM) LTD

Driving Academy Contact Details

Address:

Fordham Road, Newmarket, Suffolk. CB8 7NR

Telephone:

01638 720335

E-mail:

academy@turners-distribution.com

