



**H Parkinson Haulage Limited**  
**Mayfield House**  
**Chorley Road**  
**Walton Le Dale**  
**PR5 4JN**  
**T: 01772 555665**

## Application for Employment

Position applied for: \_\_\_\_\_

Available start date: \_\_\_\_\_ Wage/salary required £ \_\_\_\_\_ pw/month

Prepared to work: Full-time  Part-time  Shift work  (please tick as appropriate)

### Personal Details

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evenings \_\_\_\_\_ Mobile \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

### Bank Details

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No: \_\_\_\_\_ Sort Code: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you own a car? YES / NO Do you have a driving licence? Provisional \_\_\_\_\_ Full \_\_\_\_\_ HGV \_\_\_\_\_ No \_\_\_\_\_

What date does your licence expire? \_\_\_\_\_ Do you have any current endorsements? No \_\_\_\_\_

Yes (details) \_\_\_\_\_

In the last 10 years have you ever been banned from driving? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please give details why: \_\_\_\_\_

Are you in good health? YES / NO Do you have any disabilities which may affect your application? YES / NO

Describe disabilities and any reasonable adjustments to our recruitment process or to the job itself that would assist you –

\_\_\_\_\_

Interests / Hobbies / Sports / Pastimes \_\_\_\_\_

Offices held in social / sports clubs etc \_\_\_\_\_

Public Duties (JP, councillor etc) undertaken \_\_\_\_\_

Member of Territorial Army? \_\_\_\_\_

Any Community / volunteer experience? \_\_\_\_\_

Have you ever been convicted of a criminal offence ? (declaration subject to the Rehabilitation of Offenders Act): Spent Convictions need not be mentioned

Are you a member of a professional organisation ? \_\_\_\_\_

Are you entitled to work in the UK? YES / NO

If yes, please provide evidence of this, namely your passport, ID card or other relevant travel document or, if none of these are available two separate documents such as your full UK birth certificate and a document giving your National Insurance Number, such as P45, P46, P60 or payslip. No offer of employment will be made unless such evidence has been produced.

**Please complete:**

1. Date of last employment: \_\_\_\_\_
2. Start of duty on that day: \_\_\_\_\_
3. End of duty on that day: \_\_\_\_\_
4. Last weekly rest commenced on: \_\_\_\_\_ (date) at \_\_\_\_\_ (hrs)
5. Last weekly rest ended on: \_\_\_\_\_ (date) at \_\_\_\_\_ (hrs)
6. Number of hours driving this week: \_\_\_\_\_ Previous: \_\_\_\_\_
7. Have you received training on drivers hours and tachograph regulations Yes/No
8. Are there any aspects of those regulations that you would like clarified before starting this employment? Yes/No
9. To your knowledge, is there anything that would prevent you legally from commencing this employment? Yes/No

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**DRIVER CPC TRAINING STATUS**

Have you completed any Driver CPC training? Yes/No

If yes please state how many hours training you have completed: \_\_\_\_\_

If offered this position, will you continue to work in any other capacity? Yes/No

If offered this position, you will need to provide your own steel toe capped safety footwear initially, before your uniform will be issued (after 3 months). Do you have your own safety footwear? Yes/No

**Previous employment** (please include details of your most recent employment first, and then work backwards)

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Start date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Starting Pay £ \_\_\_\_\_ Per \_\_\_\_\_ Leaving Pay £ \_\_\_\_\_ Per \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous employment continued...**

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Start date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Starting Pay £ \_\_\_\_\_ Per \_\_\_\_\_ Leaving Pay £ \_\_\_\_\_ Per \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**UNIFORM**

I agree that £10 will be deducted from my wages for 15 weeks from commencement of my employment, after which a uniform will be issued.

12 months after issue I will receive a full refund and uniform will be renewed as required.

Note: All monies paid will be refunded if you leave our employment prior to uniform being ordered.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Personal referees (not members of your family)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Contact telephone numbers \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Contact telephone numbers \_\_\_\_\_

**If you wish to do so, please give details of who should be contacted in case of an emergency**

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Contact telephone numbers \_\_\_\_\_

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex or marital status, or disability.

I authorise the company to obtain references to support this application once an offer has been made and accepted and release the company and referees from any liability caused by giving and receiving information.

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_