

# DCP Haulage

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## APPLICATION FOR EMPLOYMENT

### PERSONAL DETAILS

FULL NAME..... D.O.B..... PLACE OF BIRTH.....

POSITION APPLIED FOR..... NATIONALITY..... MARITAL STATUS.....

ADDRESS.....

POST CODE ..... EMERGENCY CONTACT NAME/NO.....

HOME NO..... MOBILE..... NATIONAL INS NO.....

EMAIL ADDRESS.....

### EDUCATION AND TRAINING

SCHOOL /COLLEGE/QUALIFICATIONS.....

..... AGE LEFT.....

OTHER TRAINING/QUALIFICATIONS.....

LGV LICENCE CLASS (C1,C,C+E).....

EXPIRY DATE..... LICENCE NO.....

ANY ENDORSEMENTS.....

PLEASE NOTE: ALL DRIVING LICENCES WILL BE CHECKED WITH DVLA FOR VALIDITY

GIVE DETAILS OF ANY ROAD TRAFFIC ACCIDENTS IN LAST TEN YEARS

.....

HAVE YOU UNDERTAKEN ANY ELEMENTS OF DRIVER CPC YES/NO

IF YES PLEASE GIVE

DETAILS..... HAVE YOU HAD ANY  
SERIOUS ILLNESS, OR HAVE YOU ANY PHYSICAL DISABILITY WHICH MIGHT AFFECT YOUR  
EMPLOYMENT?

.....

HAVE YOU ANY CRIMINAL CONVICTIONS?.....

IF SO, GIVE BRIEF DETAILS.....

**EMPLOYMENT HISTORY**

1. PRESENT/LAST  
EMPLOYERS NAME

2. PREVIOUS  
EMPLOYERS NAME

3. PREVIOUS  
EMPLOYERS NAME

.....  
JOB TITLE .....

.....  
JOB TITLE .....

.....  
JOB TITLE.....

DUTIES.....

DUTIES.....

DUTIES.....

CONTACT NAME .....

CONTACT NAME.....

CONTACT NAME.....

CONTACT NO.....

CONTACT NO.....

CONTACT NO.....

LENGTH OF SERVICE

LENGTH OF SERVICE

LENGTH OF SERVICE

.....  
REASON FOR LEAVING

.....  
REASON FOR LEAVING

.....  
REASON FOR LEAVING

SOURCE OF INTRODUCTION:

ADVERTISEMENT/JOB CENTRE/RECOMMENDED BY;.....

HAS ANY INSURER AT ANY TIME:-

DECLINED YOUR PROPOSAL FOR INSURANCE?

YES/NO IF YES PLEASE GIVE DETAILS

REQUIRED ANY SPECIAL CONDITIONS ON YOUR POLICY?

YES/NO IF YES PLEASE GIVE DETAILS

CANCELLED OR REFUSED TO RENEW YOUR POLICY?

YES/NO IF YES PLEASE GIVE DETAILS

WHAT IS YOUR HEIGHT? .....

WHAT IS YOUR WEIGHT?.....

DO YOU REQUIRE THE USE OF GLASSES/CONTACT LENSES FOR DRIVING? YES/NO

DO YOU HAVE MEMBERSHIP OF A PROFESSIONAL ORGANISATION?  
GIVE DETAILS

YES/NO IF YES PLEASE  
GIVE DETAILS

.....  
**NOTE: NEW EMPLOYEES RECEIVE A JOB INDUCTION & FULL TRAINING WHERE REQUIRED. IF YOU  
LEAVE DURING THE FIRST WEEK, YOU WILL NOT BE PAID FOR TRAINING DAYS.**

APPLICANTS SIGNATURE..... DATE.....

**INTERVIEWER'S ASSESSMENT**

FIRST IMPRESSION .....

DOES DRIVERS EXPERIENCE FALL WITHIN OUR INSURANCE WARRANTY?

LICENCE HELD FOR MORE THAN 3 YEARS / OVER 25 OR UNDER 65 YEARS  
YES / NO (delete as appropriate)

IF NO HAS INSURER BEEN NOTIFIED YES / NO (delete as appropriate)

TRAINING REQUIREMENTS .....

ENGAGED TO COMMENCE ON	POSITION	DEPT
.....	.....	.....

HOURLY PAY	O/T PAY	ATTENDANCE & OTHER BONUS
.....	.....	.....

INTERVIEWER'S SIGNATURE.....DATE.....

REJECTED FOR REASON.....