

Drivers' Application Form



Next Of Kin Details

Please give details of TWO points of contact in-case of emergency.

Primary Contact

This will be the individual we will try to contact first in the event of an emergency.

Their identity and contact data will be treated in the strictest confidence and we will not contact them except in the event of an emergency.

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Full Address:	<input type="text"/> <input type="text"/>		
Mobile Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Home Phone:	<input type="text"/>		

Secondary Contact

This will be the individual we will try to contact if we are unable to reach your primary contact.

Their identity and contact data will be treated in the strictest confidence and we will not contact them except in the event of an emergency.

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Full Address:	<input type="text"/> <input type="text"/>		
Mobile Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Home Phone:	<input type="text"/>		

Your Medical History

The role for an LGV driver does include some physical elements ie. Pulling Curtains, Mounting and Dismounting Trailers and Pulling Full Pallets. Please bear this in mind when answering the following questions:

1. Do you suffer from any allergies or skin conditions that you believe may prevent you from wearing our company uniform or from working with certain materials? Yes: No:
If 'YES' please detail:
2. Do you suffer from any medical conditions that may prevent or restrict you from carrying out the role applied for as described in the advert/job description? Yes: No:
If 'YES' please detail:
3. Do you require any reasonable adjustments to be made to the vehicle in order for you to attend an assessment, or for you to carry out the role for the position you have applied for? Yes: No:
If 'YES' please detail:
4. Do you require medication on a regular basis? Yes: No:
If 'YES' please detail, including Condition and associated Medication:

The information you supply in this form will be treated in the STRICTEST confidence.

Your Driving Experience

3.5 Ton Van:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	Multi-Drop:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>
Tankers:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	L/Hand Drive:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>
Rigids:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	Low Loader:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>
Tail Lift:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	RDC Deliveries:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>
Artic:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	International:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>
Containers:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	Fridges:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>
Taulliners:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	Walking Floors:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>
Bulk Tipper:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>	Chipliners:	Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/>

Do you have a valid ADR Licence? Yes: No: Packages? Yes: No: Tanks? Yes: No:

Categories:

Do you have a valid Aviaton Cert? Yes: No:

Modules: Expiry Date:

Supplementary Information

Are you willing to work overtime and weekends when required? Yes: No:

Do you have any pre-existing commitments which may limit your working hours?
(For instance military reserve, local government etc.) Yes: No:

If 'YES', please detail:

Are you subject to any restraints which may affect your current or future employment? Yes: No:

If 'YES', please detail:

Have you ever worked for McArdle Skeath before? Yes: No:

If 'YES', please detail Date(s):

Do you have any pre-existing holidays arranged? Yes: No:

If 'YES', please detail:

If offered a position at McArdle Skeath, how much notice must you give your current employer? days

Have you ever been convicted of any criminal offences? Yes: No:

If 'YES', please detail:

The information you supply in this form will be treated in the STRICTEST confidence.

Your Employment History

Please give details of your employment history over AT LEAST the last five years, giving your most recent position FIRST and working backwards, explaining clearly ALL gaps in your employment history (if you have insufficient space please photocopy this page and continue on the fresh sheet, attaching it to this form securely).

Employer/Address:

Telephone No: Job Title:

Period: From: To: BasicPay: € pw Takehome: € pw

Reason for leaving:

Employer/Address:

Telephone No: Job Title:

Period: From: To: BasicPay: € pw Takehome: € pw

Reason for leaving:

Employer/Address:

Telephone No: Job Title:

Period: From: To: BasicPay: € pw Takehome: € pw

Reason for leaving:

Employer/Address:

Telephone No: Job Title:

Period: From: To: BasicPay: € pw Takehome: € pw

Reason for leaving:

Employer/Address:

Telephone No: Job Title:

Period: From: To: BasicPay: € pw Takehome: € pw

Reason for leaving:

Training and Qualifications

Please detail any qualifications obtained or training undertaken, including the approx. date and result eg ADR, Manual Handling:

Subject:	Exam/Course:	Approx. Date:

References

Please give details of TWO Referees, BOTH must be previous employers, one MUST be your CURRENT EMPLOYER. (Please note that your current employer WILL NOT under any circumstances be contacted until you have been offered, and confirmed acceptance of a job with McArdle Skeath).

Referee One

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>	
Position:	<input type="text"/>	Company: <input type="text"/>
Full Address:	<input type="text"/>	
	<input type="text" value="Postcode:"/>	
Contacts:	<input type="text" value="Telephone:"/>	
Email:	<input type="text"/>	

Referee Two (your current employer)

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>	
Position:	<input type="text"/>	Company: <input type="text"/>
Full Address:	<input type="text"/>	
	<input type="text" value="Postcode:"/>	
Contacts:	<input type="text" value="Telephone:"/>	
Email:	<input type="text"/>	

Declaration

Did you complete this form yourself? Yes: No:

If No, who did:

As a requirement for successful employment as a driver within the McArdle Skeath, it is necessary for us to have access to certain information about you. This will include your driving licence details and as of September 2009, Driver CPC information. Employment offers will be subject to satisfactory references and authorisation from you to access these records.

I confirm that the information supplied in this document is CORRECT. I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment of McArdle Skeath.

Print Full Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>	
Signed:	<input type="text"/>	Date: <input type="text"/>

The information you supply in this form will be treated in the STRICTEST confidence.

Application from Waiver

Please Read Carefully

In exchange for the consideration of my job application by McArdle Skeath (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of McArdle Skeath, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and McArdle Skeath may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in Connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative Consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Print Full Name:

Signed:

Date:

The information you supply in this form will be treated in the STRICTEST confidence.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientations national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your experience/qualifications.

Thank you for completing this application form and for your interest in our business

The information you supply in this form will be treated in the STRICTEST confidence.