



HGV Driver Application Form

Personal Details

Title	
Forename(s)	
Surname	
Address	
Postcode	
Date of Birth	
National Insurance Number	

Contact Details

Home Telephone Number	
Mobile Telephone Number	
Email Address	

Right to Work in the UK

Do you have the right to work in the UK? Yes No

Pre-employment checks requiring proof of your eligibility to work in the UK will be carried out prior to an offer of employment being made.

Original documentation confirming your right to work in the UK must, by law, be provided prior to any offer of employment being made. Copies of the required documentation will be taken and stored on your HR file to evidence your eligibility to work in the UK. Where necessary, follow up checks will be undertaken at the relevant times during your employment and updated copies taken and stored.

Driving Licence Details

A full licence check will be carried out upon receipt of this application.

As part of our recruitment process, we require you to present your driving licence and all driver cards for us to copy and retain on your HR file.

Driving License Number	
Driving License Expiry Date	

To progress your application, a license check must be carried out. Please visit <https://www.gov.uk/view-driving-licence> in order to obtain your check code and provide it below.

Providing this code permits us to use the code to carry out a license check.

Driving Licence Check Code (case sensitive)	
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Alternatively, you can permit us to use the personal details you have provided to carry out the check on your behalf. If you are happy to allow us to do this, please tick this box: Yes No

Driver Details

CPC Card Expiry Date	
How many CPC hours have you completed for your next CPC Card	
Driver Card Number	
Driver Card Expiry Date	
ADR Number	
ADR Expiry Date	
RHIDES Card Number	
RHIDES Card Expiry Date	
DP World Card Number	
Southampton Certificate Number	
If you are registered with FORS, please provide login details	

Details of your FORS Registration will be collected should your application be successful.

As part of our recruitment process, we require you to present your driving licence and all driver cards for us to copy and retain on your HR file. No offers of employment will be made until all driving related cards are supplied and verified.

Supplementary Information & Skills

Are you willing to work overtime and weekends when required? If yes, please provide details.	
Are you prepared to work nights out? If yes, please provide details.	

Do you have any pre-existing commitments, or activity, for example military reservist, local government worker, special constable - which may limit your working hours? Yes No

If yes, please provide details below:

Are you familiar with container work? Yes No

Are you able to operate a Splitter Trailer? Yes No

Are you able to operate a Tipping Chassis? Yes No

Are you able to operate a Wagon & Drag? Yes No

Are you able to operate a Low Loader? Yes No

Do you understand the current EU Drivers' Hours rules & Working Time regulations? Yes No

Do you understand your responsibilities regarding vehicle defect reporting & Walk-Round Checks? Yes No

Vehicle and Site Accident History

If you have been involved in an accident of any kind, either a road traffic accident or on a site during the last 2 years please provide details below:

Date of Accident	
Type of Accident (road traffic or site)	
Details	

Date of Accident	
Type of Accident (road traffic or site)	
Details	

Your Medical History

Failure to complete this section with full and accurate details will result in your application being declined. **

In the last **five** years, have you consulted a hospital or specialist, or been referred as an out-patient with regard to problems in any of the following areas?

Eyes Respiratory Mental Illness Hearing

If you have ticked yes to any of the above, please provide full details below:

In the last **two** years, have you consulted a hospital or specialist, or been referred as an out-patient with regard to problems in any of the following areas?

Diabetes Epilepsy Angina Stroke Fainting/Blackouts Heart Attack

If you have ticked yes to any of the above, please provide full details:

- Do you require glasses for driving? Yes No
- Do you require medication on a regular basis? Yes No
- Do you suffer from any disability? Yes No

If you have answered yes to any of the above, please provide details as to how this may affect you carrying out your duties and whether any reasonable adjustments may be required:

Do you have any other ongoing physical or mental impairment not already disclosed that may affect your employment with the Company, if so please provide full details:

** Based on the information you provide; you may be referred to a doctor appointed by the Company for a medical examination prior to commencement of employment.

Rehabilitation of Offenders Act 1974

In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974.

You are therefore required to disclose all and any past or pending cautions or convictions, **whether spent or otherwise unless it is either a 'protected caution' or a 'protected conviction' under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.** All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for.

Please specify below details of all and any past pending cautions or convictions, whether spent or otherwise except for protected cautions or convictions. If you have no past or pending cautions or convictions, please specify 'None'.

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Your Employment History

Starting with your current or most recent employer, please provide details of your employment history.

Current or Most Recent Employer

Company Name	
Address	
Start Date	
End Date	
Job Title	
Reason for Leaving	
Notice Period (for current roles only)	

Previous Employer

Company Name	
Address	
Start Date	
End Date	
Job Title	
Reason for Leaving	

Previous Employer

Company Name	
Address	
Start Date	
End Date	
Job Title	
Reason for Leaving	

Previous Employer

Company Name	
Address	
Start Date	
End Date	
Job Title	
Reason for Leaving	

If there are any gaps in your employment history, please provide details below:

The above listed employers will not be contacted for referencing purposes without your permission or before you have commenced employment with us.

Equal Opportunities

Seven Logistics is an equal opportunity employer and is fully committed to a policy of treating all job applicants equally. The Company will not discriminate against any person because of age, pregnancy and maternity, sex discrimination, disability, the race relations act, gender reassignment, religion or belief, sexual orientation or marriage and civil partnership.

General Data Protection Regulations (GDPR)

As part of any recruitment process, Seven Logistics collects and processes personal data relating to job applicants. Full details can be found at <https://seven-logistics.co.uk/job-applicant-privacy-notice/>

Company Vehicle Drivers Form

This form is to be completed prior to employment and subsequently every 6 months after commencement of employment

Name in Full	
Permanent Home Address	
Driving License Number	
Date Passed Test	
Date of Birth	
Age	
Has your licence been suspended for any reason within the last 10 years? If yes, please state date suspended and duration	
Have you currently seven or more penalty points on your licence?	
Have you been convicted during the past five years of (or is any prosecution pending for) any motoring offence involving drink or drugs (offence code DR) reckless or dangerous driving (offence code DD), failing to stop or report an accident (offence code AC)? If yes, please state offence code	
Do you currently suffer from any medical conditions, illness or disability that could affect your ability to drive safely? i.e heart complaints, sleep apnoea, epilepsy or diabetes? If yes, please give details	
Do you suffer from any sudden attacks or disabling giddiness, fainting or blackouts?	
Do you suffer from defective hearing (which is not corrected by wearing a suitable aid)?	
Do you suffer from defective eyesight (which is not corrected by wearing glasses or contact lenses)?	
Have you ever had a motor policy cancelled, a proposal declined or a renewal refused by an insurer?	
Signature of the proposed Company Vehicle Driver	
Date	
Authorising Signature	
Date Authorised	

Should employment commence, you will be obliged to advise the relevant Company Director and HR Department of any change in circumstances with regards to your fitness to drive, fixed penalty notices or convictions or prosecutions which may occur after completion of this form.

Company Vehicle Drivers Form – Additional Details

Authorised Persons

All employees must complete a Company Vehicle Driver's Form and provide a photocopy of their current driving licence and relevant driver cards.

Exceptions & Endorsements

If any of the following should apply, approval must be obtained from the underwriters before allowing an employee to drive any Company vehicle:

- i) If your driving licence has been suspended for any reason in the last 10 years;
- ii) If you currently have seven or more penalty points on their licence;
- iii) If you have received a drugs or drink driving conviction within the last 10 years and where suspension does not exceed 12 months
- iv) If you are under the age of 25 years
- v) If you have passed their driving test within the last 12 months
- vi) If you suffer from any physical or mental defect or disease, heart complaint, epilepsy or diabetes;

If one or more of the above endorsements is applicable, insurance cover will be provided in most instances but an increased excess may well apply. The Company will advise the respective employee in writing of an additional excess which may apply to them. Please note that:

- i) The Company reserves the right to recover, by deduction from your pay, any insurance excess it is required to pay on your behalf as a consequence of you being responsible either in whole or in part for an accident or theft of the vehicle.
- ii) The Company reserves the right to recover, by deduction from your pay, any subsequent losses it incurs as a consequence of any increases in the level of excess the Company has to pay which arose as a consequence of you having been responsible either in whole or in part for an accident or theft of the vehicle.

It is the employee's responsibility to inform the relevant Managing Director and HR Department to their circumstances in respect of penalties, convictions, and loss of licence which may occur as well as any change in health that may have an effect on their fitness to drive.

Void of Policy

If the Company's insurance policy becomes void (for example, as a result of drink driving) as a consequence of your own actions the Company reserves the right to seek reimbursement of any compensation costs or other expenses that would, but for your actions which voided the insurance policy, have ordinarily been recoverable under the terms of the insurance policy.

Vehicle Security/Personal Possessions

It should be noted that theft from a company vehicle of an employee's personal possessions, is not covered under the company's motor policy. Theft of such items may be covered by the employee's own house contents insurance policy, if it has been extended to include personal possessions cover away from the home.

Applicant Declaration

I declare that the information provided on this form, is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or if I have already been appointed, I may be dismissed.

I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my HR file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.

Signature: _____ Date: _____

You may use the space below to provide any additional details to support your application: