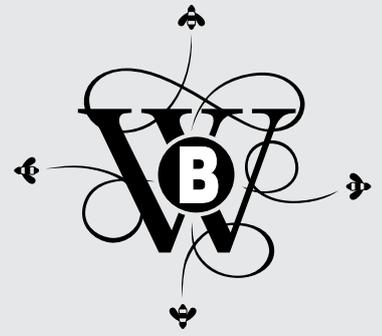




**WILFREDA BEEHIVE**

# Driver Application Form and Information Pack



**WILFREDA BEEHIVE**

## DRIVER APPLICATION FORM

If you think you would be interested in a career with Wilfreda Beehive, please complete our driver application form and email it to [applications@wilfreda.co.uk](mailto:applications@wilfreda.co.uk)

When completing the form you will be able to email it directly from your Adobe Acrobat Reader program, or you can save it to your computer and send. Alternatively, simply complete, print a copy and send by post for the attention of Nigel Haxby, Wilfreda Beehive, Apex House, Church Lane, Adwick-Le-Street, Doncaster, DN6 7AY.

**Position applied for**

**PLEASE COMPLETE CLEARLY  
IN BLOCK CAPITALS**

### PERSONAL DETAILS

Surname:

National Insurance Number:

Forename(s):

Address:

Home Telephone:

Mobile Telephone:

May we contact you at work, with discretion?

Yes

No

Do you have any special requirements which we can help you with in order to make the application process easier for you?

### DRIVING HISTORY

Driving Licence No:

Date Test Passed:

PCV Licence No:

Date Test Passed:

Manual / Auto PCV Licence

Manual

Auto PCV

Details of Driving Convictions / Endorsements / Disqualifications:

Details of Road Traffic Accidents in past 3 years:

# DRIVER APPLICATION FORM



## EMPLOYMENT HISTORY

Can we contact current employer for a reference?

Yes

No

Name of **CURRENT** employer:

Contact Name:

Address:

Period Employed From:

Period Employed To:

Position Held:

Postcode:

Reason for leaving?:

Telephone No:

Name of **PAST** employer:

Contact Name:

Address:

Period Employed From:

Period Employed To:

Position Held:

Postcode:

Reason for leaving?:

Telephone No:

Name of **PAST** employer:

Contact Name:

Address:

Period Employed From:

Period Employed To:

Position Held:

Postcode:

Reason for leaving?:

Telephone No:

## REFERENCES

Please provide details of two persons from whom we may obtain both character and work experience references.

1.

2.

# DRIVER APPLICATION FORM



## CRIMINAL RECORD

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974) Yes  No

If yes, please supply details of the convictions below

Due to the nature of the work you will be subject to an enhanced CRB police check. Please confirm that you will be willing to consent to a check. Failure to do so will result in your application for employment being denied. Yes  No

## ELIGIBILITY TO WORK IN UK

Do you need a work permit to work in the UK? Yes  No

## OTHER EMPLOYMENT

If offered this position will you continue to work in any other capacity? (If so, please provide details)

## EMERGENCY CONTACT DETAILS

If you wish to do so, please give details of next of kin or a person who can be contacted in the event of an emergency.

Name:	Relationship:
Address:	Work Telephone:
	Home Telephone:
	Mobile Telephone:

## ADDITIONAL INFORMATION

Please provide details of any further information that you consider applicable to your application:

# DRIVER APPLICATION FORM



## EQUAL OPPORTUNITIES

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, gender, religion or belief, sexual orientation, age or disability.

Applicants are requested to tick the relevant boxes below to enable the company to monitor its Equal Opportunity Policy. This information is used for no other purposes and will be treated as confidential.

## GENDER

Male  Female

## ETHNIC GROUP

White  Black-Caribbean  Black-Other  (please specify) \_\_\_\_\_  
Indian  Pakistani  Bangladeshi  Chinese  Other  (please specify) \_\_\_\_\_

## AGE

To which age band do you belong?

16-19  20-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-65  65+

## HEALTH DETAILS

Do you consider yourself to be disabled? Yes  No

(The Disability Discrimination Act 1995 states that "A person has a disability for the purposes of this Act if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities").

Would any specialised aids available help you to work more effectively? Yes  No

If yes, please specify:

## DECLARATION (PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION)

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 complete and correct and that any untrue or misleading information will be sufficient cause for rejection or if employed, dismissal.

Signature:

Date: