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Application Form for Full Time/ Temporary Driving Work

Personal Details

First Name	<input type="text"/>	Home Tel.	<input type="text"/>
Surname	<input type="text"/>	Mobile Tel.	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>	NI Number	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Postcode	<input type="text"/>	Do you have your own transport?	Yes No
DOB (dd/mm/yyyy)	<input type="text"/>	Do you have your own insurance?	Yes No

Bank Details

Account Holders Name	<input type="text"/>	Bank/Building Society Name	<input type="text"/>
Account No (8 digits)	<input type="text"/>	Roll No (Building Society A/c only)	<input type="text"/>
Sort Code (6 digits)	<input type="text"/> - <input type="text"/> - <input type="text"/>		

Employment Status

Employed	Yes No	Are you a member of Trade Union?	Yes No
Class of Licence Held	<input type="text"/>	If Yes – Name of Trade Union	<input type="text"/>
Date Passed HGV Test(s) for:		HGV Driving Experience (Years):	
HGV1 (LGV Cat C+E)	<input type="text"/>	HGV1 (LGV Cat C+E)	<input type="text"/>
HGV11 (LGV Cat C)	<input type="text"/>	HGV11 (LGV Cat C)	<input type="text"/>
HGV11 (LGV Cat C)	<input type="text"/>	LGV Licence Valid From	<input type="text"/> To <input type="text"/>
		Date available to start work	<input type="text"/>

Details of Last 3 Employers

Date from	Date to	Company	Telephone	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work References

Person to contact	Company	Telephone	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver Assessment

(Office use only)

Examination Result	<input type="text"/>	Driving Assessment	<input type="text"/>
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Employment History

Skill and Experience *Please tick appropriate box*

Class of vehicle	Vehicle Type		Body Type/Security	Specialist Skill
<input type="checkbox"/> HGV Class 1 (LGVC+E) <input type="checkbox"/> HGV Class 11 (LGVC) <input type="checkbox"/> HGV Class 111 (LGVC) <input type="checkbox"/> Light VAN <input type="checkbox"/> PCV 1/11/111 <input type="checkbox"/> Light Goods 3.5-7.5T	<input type="checkbox"/> Flat Bed <input type="checkbox"/> Box <input type="checkbox"/> Refrigerated Box <input type="checkbox"/> Taut Liner <input type="checkbox"/> Tanker <input type="checkbox"/> Grain Blower <input type="checkbox"/> Skip <input type="checkbox"/> Draw Bar	<input type="checkbox"/> Waste Eater <input type="checkbox"/> Low Loader <input type="checkbox"/> HIAB/Crane <input type="checkbox"/> Cement Mixer <input type="checkbox"/> Tipper HGV 1(38T) <input type="checkbox"/> Tipper HGV 11 <input type="checkbox"/> Tipper HGV 111 <input type="checkbox"/> Road Sweeper	<input type="checkbox"/> Brymec <input type="checkbox"/> Demountables <input type="checkbox"/> Crane <input type="checkbox"/> Tail Lift <input type="checkbox"/> Roping <input type="checkbox"/> Sheeting <input type="checkbox"/> Straps/Chains <input type="checkbox"/> Tilts/Taunt	<input type="checkbox"/> Hazpak Cert <input type="checkbox"/> Haz Freight Cert <input type="checkbox"/> Bulk Petrol Cert <input type="checkbox"/> Others

Nights away Yes No

Multi-drop Yes No

Are you enrolled with other agencies? Yes No If Yes, give details

Please give details of other relevant skills, (ie. Fork Lift Crane Cert, Plant Operator, Farm Machinery, Track Vehicles etc.)

Drivers Declaration

	Yes	No	If yes, give details of endorsements/points awarded/dates
1 Have you at any time in the last ten years been convicted of any serious motoring offence (drink/drug driving etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 Have you during the past ten years had your licence suspended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 Have you any current points on your licence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 At the date of signing this form is there any prosecution pending or has anything occurred which may result in a future prosecution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 Have you to your knowledge any physical or mental defect or infirmity or do you suffer from diabetes, heart complaint or any other disease which may impair your driving ability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

I certify that I have worked the following hours during the past seven days:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I confirm that I fit all requirements to work in the UK?

I hereby authorise Movie Makers/Traylen Enterprises Ltd. to obtain any further information that may be sought concerning this application regarding my work, character or skills. I undertake to inform you of the number of hours I have worked, should I at any time work as a driver on my own behalf, or on behalf of any person, firm or company.

I hereby acknowledge that I have been given training on electric brake voyagers and fully understand their operation for safe braking.

I hereby acknowledge that before taking over a vehicle it is my responsibility to carry out all responsibilities laid on the driver of a vehicle under the Motor Vehicles (Construction and Use) Regulations and Road Vehicles Lighting Requirements, 1971, and any other applicable regulations, and in addition shall be responsible for all recommended dairy and/or weekly checks to ensure that the vehicle is roadworthy at all times and hand in pink slips where or when necessary.

I agree to wear a company hi-vis jacket while in the yard or road side.

I declare that I am fully conversant with current driver hours, regulations and all Tachograph Legislation/Operational Procedures.

Candidate Signature

Print Name

Date

For office use only

Details sent to payroll
 Bank details to BIB
 Contract returned
 Details added to spreadsheet
 Contract issued