



Drivers' Application Form

For **OFFICIAL** use ONLY:

Date received: _____

Comments: _____

Your Medical History

It is important that you FULLY complete this section, and that the CORRECT information is given. Where necessary details provided should be verifiable by your DOCTOR.

1. In the last FIVE years, have you consulted a Hospital or Specialist, or been referred as an Outpatient on problems in any of the following areas? (please tick)

None Eyes Respiratory Circulatory Skin Joints and Bones

2. In the last TWO years, have you consulted a Doctor or any other health professional regarding any of the following (please tick)?

None Eyes Respiratory Circulatory Skin Joints and Bones

3. Are you colour blind?

Yes: No:

If YES, please detail:

4. Do you require glasses for driving?

Yes: No:

5. Do you require medication on a regular basis?

Yes: No:

If YES, please detail:

Training and Qualifications

Please detail any qualifications obtained or training undertaken, including the approx. date and result (please include Drivers CPC):

Subject:	Exam/Course:	Approx. date:	Result:

Driver Card Details

Digital Driver Card details must be provided. Failure to complete all sections will result in your application being rejected. Inserting 'Card Applied For', or similar wording, will NOT be accepted.

Valid FROM (4a): Valid TO (4b):

Licence No. (5a):

Card No. (5b):

Your Driving Experience

7.5t Van: Often: Rarely: Never:

Tautliners: Often: Rarely: Never:

Tankers: Often: Rarely: Never:

Rigids: Often: Rarely: Never:

Boxes: Often: Rarely: Never:

Tail Lift: Often: Rarely: Never:

Artic: Often: Rarely: Never:

Containers: Often: Rarely: Never:

Flatbed: Often: Rarely: Never:

Draw Bar: Often: Rarely: Never:

Bulk Tipper: Often: Rarely: Never:

Multi-Drop: Often: Rarely: Never:

L/Hand Drive: Often: Rarely: Never:

Low Loader: Often: Rarely: Never:

RDC Deliveries: Often: Rarely: Never:

International: Often: Rarely: Never:

Fridges: Often: Rarely: Never:

Walking Floors: Often: Rarely: Never:

CHIP Liners: Often: Rarely: Never:

ADR expiry date:

Category:

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 Virginia before? Yes: No:

If YES, please detail:

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

If YES, please detail:

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

Have you ever been convicted of a Criminal Offence? Yes: No:

If YES, please detail:



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"/>		

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

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 Virginia).

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:"/>	<input type="text" value="Fax:"/>
Email:	<input type="text"/>	
Person referred to:	<input type="text" value="Position held:"/>	<input type="text" value="Dates held:"/>

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:"/>	<input type="text" value="Fax:"/>
Email:	<input type="text"/>	
Person referred to:	<input type="text" value="Position held:"/>	<input type="text" value="Dates held:"/>

Declaration

As a requirement for successful employment as a driver within Virginia International Logistics, 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 Virginia International Logistics.

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

Once complete, please return this form to our Head Office at,

Virginia International Logistics, Maghera, Virginia, County Cavan, Republic of Ireland

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