



DRIVERS

APPLICATION FORM

YOUR PERSONAL DETAILS

SURNAME	Mr/Mrs/Miss/Ms	
FIRST NAME		
FULL ADDRESS		
	Postcode	
CONTACT NO.	Home	Mobile
EMAIL ADDRESS		

Type of work preferred (please indicate 1,2 3, in order of preference

Domestic UK International

Full-Time Part-Time Weekends

Depot Applied for Dublin Cavan Liverpool

Do you need a work permit to take up employment in Ireland?

Yes

No

If YES Please detail

Please note that all candidates invited to interview will be required to produce evidence of their eligibility to work in Ireland.

Date of Birth Are you a Smoker Yes No

Please summarise briefly why you would like to become part of the Roadtrain team:

YOUR MEDICAL DETAILS

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 & 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 & Bones

3) Are you colour blind? Yes No

4) Do you require glasses for driving? Yes No

3) Do you require medication on a regular basis? Yes No

If YES please detail.

TRAINING & QUALIFICATIONS

Please detail any qualifications obtained or training undertaken, including the date and result (Please include driver CPC)

SUBJECT	EXAM COURSE	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)																		

INSURANCE RENEWAL DECLARATION FORM

1) Do you suffer from diabetes, alcoholism, epilepsy, heart condition, defective hearing or vision, or from any other physical infirmity? Yes No

If YES please detail.

2) Are you under the age of 25 or over the age of 70? Yes No

3) Have you held your relevant full driving licence for more than two years? Yes No

4) Have you had more than four penalty points on your licence? Yes No

If YES please detail including the offence and number of points.

5) Have you been prosecuted or convicted of any offence in connection with any any motor vehicle during the past five years or is any prosecution pending? Yes No

If YES please give full details including the offence and sanction imposed.

6) Has any insurer refused to accept/renew or cancel any of your motor policies or imposed any special terms? Yes No

If YES please give full details including reason for refusal to renew/accept/cancellation/special terms.

DECLARATION: I hereby warrant that all the above statements and particulars made by me are true and complete.

Signature: _____ Date: _____

Please answer all questions fully and accurately as failure to do so may render the insurance policy void.

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			Job Title					
Period	From	To:	Basic Pay	€	pw	Take Home	€	pw
Employer Address								
Telephone			Job Title					
Period	From	To:	Basic Pay	€	pw	Take Home	€	pw
Employer Address								
Telephone			Job Title					
Period	From	To:	Basic Pay	€	pw	Take Home	€	pw
Employer Address								
Telephone			Job Title					
Period	From	To:	Basic Pay	€	pw	Take Home	€	pw
Employer Address								
Telephone			Job Title					
Period	From	To:	Basic Pay	€	pw	Take Home	€	pw
Employer Address								
Telephone			Job Title					
Period	From	To:	Basic Pay	€	pw	Take Home	€	pw

YOUR LICENCE DETAILS

Licence No.		Expires	
LGV Class(es)		LGV Expiry	
Total LGV Years			

Does your licence carry current endorsements? Yes No

If YES please give full details.

YOUR DRIVING EXPERIENCE

7.5t Van	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Tautliners	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"/>
Rigids	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Boxes	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"/>
Artic	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"/>
Flatbed	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Draw Bar	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"/>
Multi-Drop	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"/>
Low Loader	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"/>
International	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"/>
Walking Floors	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
CHIP Liners	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>

ADR Expiry Date _____ Category _____

SUPPLEMENTARY INFORMATION

Are you prepared to work weekends should it be required? Yes No

Are you prepared to spend nights away in the truck should it be 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 give full details.

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

If YES please give full details.

Have you ever worked for Roadtrain before? Yes No

If YES please give full details.

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

If YES please give full details.

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

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

If YES please give full details.

NEXT OF KIN DETAILS

Please give details of next of Kin details in-case of emergency.

This will be the individual we will try to contact 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		Relationship	
Full Address			
Mobile Phone		Work Phone	
Home Phone			



DUBLIN OFFICE:

The Roadtrain Complex
Bluebell Industrial Estate
Dublin 12, D12 P046
Ireland

CAVAN OFFICE:

Carrickmacross Road
Kingscourt
Cavan, A82 E897
Ireland

LIVERPOOL OFFICE:

36 Canal Street,
Bridgewater Complex,
Bootle, Liverpool, L20 8AH
United Kingdom