

**FERGUSON TRANSPORT & SHIPPING**  
**INTEGRATED FREIGHT FACILITY**  
**ANNAT CORPACH PH33 7NN**

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[www.fergusontransport.co.uk](http://www.fergusontransport.co.uk)

**DRIVERS' APPLICATION FORM**

**PERSONAL DETAILS:**

FULL NAME (title, first name, surname):

FULL ADDRESS:

POSTCODE:

CONTACT NUMBERS:

HOME:

MOBILE:

EMAIL:

WORK PREFERRED:

DAYS:

NIGHTS:

DISTANCE:

(Please tick)

TYPE OF EMPLOYMENT:

FULL TIME:

PART TIME:

WEEKEND:

AD-HOC:

DEPOT APPLIED FOR:

ARE YOU ENTITLED TO WORK IN THE UNITED KINGDOM?

YES:

NO:

(Please note that any offer of employment will be subject to you being able to provide Ferguson Transport & Shipping with supporting evidence)

**MEDICAL HISTORY:**

DUE TO THE NATURE OF THE ROLE OF HGV DRIVER, THERE ARE SOME PHYSICAL ELEMENTS SUCH AS ROPING AND SHEETING, OPENING/CLOSING CURTAINS. WITH THIS IN MIND, DO YOU SUFFER FROM ANY MEDICAL CONDITIONS THAT MAY PREVENT OR RESTRICT YOU FROM CARRYING OUT THE ROLE APPLIED FOR AS DESCRIBED IN THE JOB DESCRIPTION:

YES:

NO:

IF YES, PLEASE PROVIDE DETAILS:

DO YOU REQUIRE ANY REASONABLE ADJUSTMENTS TO BE MADE TO THE VEHICLE IN ORDER FOR YOU TO ATTEND AN ASSESSMENT, OR FOR YOU TO CARRY OUT THE ROLE FOR THE POSITION YOU HAVE APPLIED FOR:

YES:

NO:

IF YES, PLEASE PROVIDE DETAILS:

DO YOU REQUIRE MEDICATION ON A REGULAR BASIS?

YES:

NO:

IF YES, PLEASE PROVIDE DETAILS:

**DIGITAL TACHOGRAPH DRIVER CARD:**

DIGITAL TACHOGRAPH DRIVER CARD DETAILS MUST BE COMPLETED AS THEY APPEAR ON YOUR CARD.

VALID FROM (4a):

VALID TO (4b):

LICENCE No (5a):

CARD No (5b):

**DRIVING LICENCE DETAILS:**

PLEASE COMPLETE THE FOLLOWING INFORMATION EXACTLY AS IT APPEARS ON YOUR DRIVING LICENCE:

NAME (1):  (2):

DATE OF BIRTH (3):

LICENCE DATES (4a):  (4b):  (4c):

LICENCE NUMBER (5):

LICENCE ADDRESS (8):

LICENCE CODES (9):

**BACK OF CARD:**

10. (category)	11. (from)	12. (to)	13. (codes)

DOES YOUR LICENCE CARRY ANY CURRENT ENDORSEMENTS? YES:  NO:

IF YES, PLEASE STATE THE CODES AND NUMBER OF POINTS:

PLEASE LIST ANY PENDING ENDORSEMENTS:

**DRIVER QUALIFICATION CARD:**

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

**YOUR DRIVING EXPERIENCE - PLEASE TICK THE MOST RELEVANT OPTION BELOW**

	FREQUENT	SELDOM	NEVER		FREQUENT	SELDOM	NEVER
TANKERS				CURTAINS			
LOW LOADER				FLATS			
CONTAINERS				HI-AB			
ROPING AND SHEETING							

DO YOU HAVE AN ADR LICENCE? YES:  NO:

**THINK SAFETY – SAFETY FIRST**

IF YES, PLEASE COMPLETE THE FOLLOWING:

PACKAGES: YES:  NO:  TANKS: YES:  NO:

CATEGORIES:  EXPIRY DATE:

**HOURS OF WORK:**

ARE YOU WILLING TO WORK OVERTIME AND WEEKENDS IF/WHEN REQUIRED: YES:  NO:

ARE YOU SUBJECT TO ANY RESTRAINTS WHICH MAY AFFECT YOUR CURRENT OR FUTURE EMPLOYMENT: YES:  NO:

IF YES, THEN PLEASE GIVE DETAILS:

HOW MUCH NOTICE DO YOU HAVE TO GIVE YOUR CURRENT EMPLOYER IF YOU WERE OFFERED A POSITION WITH FERGUSON TRANSPORT & SHIPPING?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCES WHICH ARE NOT YET SPENT UNDER REHABILITATION (OFFENDER ACT 1974)? YES:  NO:

IF YES, THEN PLEASE GIVE DETAILS:

HAVE YOU EVER BEEN DISMISSED OR LOST YOUR LICENCE THROUGH THE MISUSE OF DRUGS OR ALCOHOL: YES:  NO:

**EMPLOYMENT HISTORY:**

PLEASE GIVE DETAILS OF YOUR PREVIOUS EMPLOYERS, STARTING WITH YOUR CURRENT OR MOST RECENT. PLEASE PROVIDE DETAILS OF ANY GAPS IN YOUR EMPLOYMENT AND REASONS FOR THIS. WE REQUIRE INFORMATION ON YOUR PREVIOUS EMPLOYERS OVER THE LAST 5 YEARS AS A MINIMUM:

EMPLOYER:		
ADDRESS:		
FROM:		TO:
BASIC RATE OF PAY:		
REASON FOR LEAVING:		

EMPLOYER:		
ADDRESS:		
FROM:		TO:
BASIC RATE OF PAY:		
REASON FOR LEAVING:		

EMPLOYER:		
ADDRESS:		
FROM:		TO:
BASIC RATE OF PAY:		
REASON FOR LEAVING:		

**THINK SAFETY – SAFETY FIRST**

EMPLOYER:		
ADDRESS:		
FROM:		TO:
BASIC RATE OF PAY:		
REASON FOR LEAVING:		

IF YOU REQUIRE MORE SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

**TRAINING AND QUALIFICATIONS:**

PLEASE USE THE SPACE BELOW TO TELL US OF ANY TRAINING COURSES/QUALIFICATIONS YOU MAY HAVE. PLEASE INCLUDE ANY CPC COURSES YOU HAVE COMPLETED SINCE OBTAINING YOUR DQC:

SUBJECT:	EXAM/COURSE	DATE/YEAR

**REFERENCES:**

ANY OFFER OF EMPLOYMENT FROM FERGUSON TRANSPORT & SHIPPING, IS SUBJECT TO RECEIVING SATISFACTORY REFERENCES. PLEASE GIVE DETAILS OF TWO REFERENCES IN THE SPACE BELOW, ONE OF WHICH MUST BE YOUR CURRENT EMPLOYER AND THE OTHER YOUR PREVIOUS EMPLOYER. PLEASE NOTE THAT UNDER NO CIRCUMSTANCES WILL WE CONTACT YOUR EMPLOYER UNTIL AN OFFER OF EMPLOYMENT HAS BEEN MADE AND ACCEPTED.

REFERENCE ONE:

NAME:	
POSITION WITHIN COMPANY:	
COMPANY NAME:	
TELEPHONE NUMBER:	
FULL ADDRESS:	
EMAIL ADDRESS:	

REFERENCE TWO:

NAME:	
POSITION WITHIN COMPANY:	
COMPANY NAME:	
TELEPHONE NUMBER:	
FULL ADDRESS:	
EMAIL ADDRESS:	

**DECLARATION:**

I UNDERSTAND THAT SUPPLYING ANY FALSE OR MISLEADING INFORMATION OR DELIBERATELY NOT PROVIDING INFORMATION WILL DISQUALIFY ME FROM OR RENDER ME LIABLE TO DISMISSAL FROM EMPLOYMENT.

IT IS A REQUIREMENT FOR SUCCESSFUL APPLICANTS TO ALLOW FERGUSON TRANSPORT & SHIPPING TO HAVE ACCESS TO CERTAIN INFORMATION ABOUT YOU. WE WILL REQUIRE YOUR PERMISSION TO ACCESS YOUR RECORDS WITH DVLA ALONG WITH CONTACTING YOUR REFERENCES.

NAME:	SIGNED:	DATE:
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**THINK SAFETY – SAFETY FIRST**