



DRIVER APPLICATION FORM

Surname:

Forenames:

Address:

Postcode:

Tel

Position Applied For (**tick as appropriate*):

Driver (Days)*

Driver (Nights)*

Date of Birth:

Age:

Marital Status:

Nationality:

National Insurance No:

Date Test Passed For:

LGV1:

Private Car:

LGV2:

LGV3:

For drivers over 45, please provide the date of your last LGV Medical

Date:

Please list any relevant professional, trade, special, technical or business qualifications/certificates/memberships:

Have you been:

Convicted of a driving or motoring offence within the last 5 years?

Yes

No

Disqualified from driving at any time?

Yes

No

Involved in any accidents within the last 5 years?

Yes

No

If 'Yes' to any of the above, please provide details:

Give details of any criminal convictions:

Do you suffer from any medical conditions (*diabetes, epilepsy etc*)?

Yes

No

If 'Yes' please provide details:

Employment History (start with most recent employer):	
Are you currently employed?	Yes: _____ No: _____
Employer's name:	
Address: _____ Postcode: _____	
Period of Employment:	From: _____ To: _____
Position:	Reason for Leaving: _____
Employer's name:	
Address: _____ Postcode: _____	
Period of Employment:	From: _____ To: _____
Position:	Reason for Leaving: _____
Employer's name:	
Address: _____ Postcode: _____	
Period of Employment:	From: _____ To: _____
Position:	Reason for Leaving: _____
Employer's name:	
Address: _____ Postcode: _____	
Period of Employment:	From: _____ To: _____
Position:	Reason for Leaving: _____

References (previous employer and personal):	
Full Name:	Full Name:
Profession:	Profession:
Relationship to You:	Relationship to You:
Address:	Address:

I declare that I have answered all the questions truly and accept that false information or concealment of essential details will be prejudicial to my application and future employment		
Signed:	Print Name:	Date:

PLEASE RETURN COMPLETED FORM TO:
 Magic Transport Limited
 3a Farthing Road, Sproughton, Ipswich IP1 5AP