

DFL Ltd

Unit 16, Horsted Square
Bellbrook Industrial Estate
Uckfield, TN22 1QG

Temporary & Contract Drivers

We would like to thank you for your initial interest in DFL and would ask that you complete this application form in full.

We endeavour to select on the most motivated and professional drivers in the market place as we strongly believe that the growth and performance of this company is directly related to the standard and quality of the service it provides.

We pride ourselves on delivering a safe and reliable service to all our customers and strive to develop long term relationships between both drivers and customers. Our record of innovations and flexibility had steadily extended its portfolio of customers and business streams.

Therefore we are continually seeking employees in many areas around the United Kingdom and would ask that on receipt of this document you complete and return it in the pre-addressed envelope provided, as soon as possible.

Name

Available from

Licence

Part Time

Full Time

Weekends

Weekends only

Odd days

TEST RESULTS

General Knowledge

Tachograph & Driving Hours

ADR

Total

Entered by

Date

PHOTOGRAPH

Please enclose with your form:

- ✓ A passport sized photograph
- ✓ A copy of your driving licence (Card and counterfoil if applicable)
- ✓ Any additional certificate or reference

On receipt of your completed form we will process your application, and subject to references being completed we will invite you to attend an interview with one of our operational managers. The interview will be, wherever possible, conducted at a mutually agreeable location and will require up to one hour of your time.

Should you have any queries regarding any part of this document please do not hesitate to contact us on:

Tel: 01825 766600

Web: www.dfl.uk.com

PERSONAL DETAILS

Mr Mrs Miss Ms Surname Forenames

Address

Home Tel Mobile

Date of Birth Age Nationality

Married/Single Email Own Transport

NEXT OF KIN

Mr Mrs Miss Ms Surname Forenames

Address

Relationship Home Tel. Work Tel.

LICENCE DETAILS

Domestic Licence Number Expiry Date

LGV Class LGV Expiry Date Total Years LGV

ADR Expiry Date Tanks/Other *Delete where applicable*

Do you have a digital tachograph card Yes/No

EXPERIENCE

TYPE OF VEHICLE	
Drawbar <input type="checkbox"/>	Refrigeration <input type="checkbox"/>
Boxes <input type="checkbox"/>	Tankers <input type="checkbox"/>
Tilts <input type="checkbox"/>	Flats <input type="checkbox"/>
Containers <input type="checkbox"/>	Supercube <input type="checkbox"/>
Tautliners <input type="checkbox"/>	Vacuum <input type="checkbox"/>
Rollerbed <input type="checkbox"/>	Continental <input type="checkbox"/>
Low Loader <input type="checkbox"/>	Skip <input type="checkbox"/>
Bulk Tipper <input type="checkbox"/>	HIABs <input type="checkbox"/>
Gulley Suckers <input type="checkbox"/>	Sprayer <input type="checkbox"/>
Multi-Drop <input type="checkbox"/>	Parcels <input type="checkbox"/>

TYPE OF PRODUCTS		
Acids <input type="checkbox"/>	Livestock <input type="checkbox"/>	DCD Delivery <input type="checkbox"/>
Petroleum <input type="checkbox"/>	Waste Water <input type="checkbox"/>	Industrial <input type="checkbox"/>
Waste Chemicals <input type="checkbox"/>	Cement <input type="checkbox"/>	Milk <input type="checkbox"/>
Chemicals Bulk <input type="checkbox"/>	Bitumens <input type="checkbox"/>	Hanging Meat <input type="checkbox"/>
Chemicals Bags <input type="checkbox"/>	Powders <input type="checkbox"/>	Steel <input type="checkbox"/>
IBCs <input type="checkbox"/>	Waste Oil <input type="checkbox"/>	Removals <input type="checkbox"/>
Water <input type="checkbox"/>	Brewery <input type="checkbox"/>	Exhibitions <input type="checkbox"/>
Foodstuffs <input type="checkbox"/>	Aviation <input type="checkbox"/>	Timber <input type="checkbox"/>
Black Oils <input type="checkbox"/>	Marine Oil <input type="checkbox"/>	Explosives <input type="checkbox"/>
Gases <input type="checkbox"/>	Domestic <input type="checkbox"/>	Clinical Waste <input type="checkbox"/>

Any other experience

Declaration

Have you to your knowledge any physical or mental defects or do you suffer from a heart complaint or any other disease which may impair you work efficiency?

If YES please state:

At the date of signing this form is there any prosecution pending, or has anything Occurred which may result in a future prosecution?

If YES please state:

Have you ever been convicted of a criminal offence which is not spent as Defined in the Rehabilitation of Offenders Act 1974?

If YES please state:

Have you ever been convicted of any motor offence?

If YES please state:

EMPLOYMENT HISTORY FOR AT LEAST THE PREVIOUS 5 YEARS (PLEASE USE ADDITIONAL SHEET IF REQUIRED)

Employer's Name Dates From To

Address

Job Description

Salary Reason for Leaving

Employer's Name Dates From To

Address

Job Description

Salary Reason for Leaving

Employer's Name Dates From To

Address

Job Description

Salary Reason for Leaving

REFERENCES (PREVIOUS EMPLOYERS)

Company Contact Name Position

Address Tel. No.

Company Contact Name Position

Address Tel. No.

WORK REQUIREMENTS (PLEASE DELETE AS APPROPRIATE)

Are you working at present? Yes/No Do you need to give any notice? Yes/No

Do you want to work? Full Time/Part Time/Weekends/Weekends only

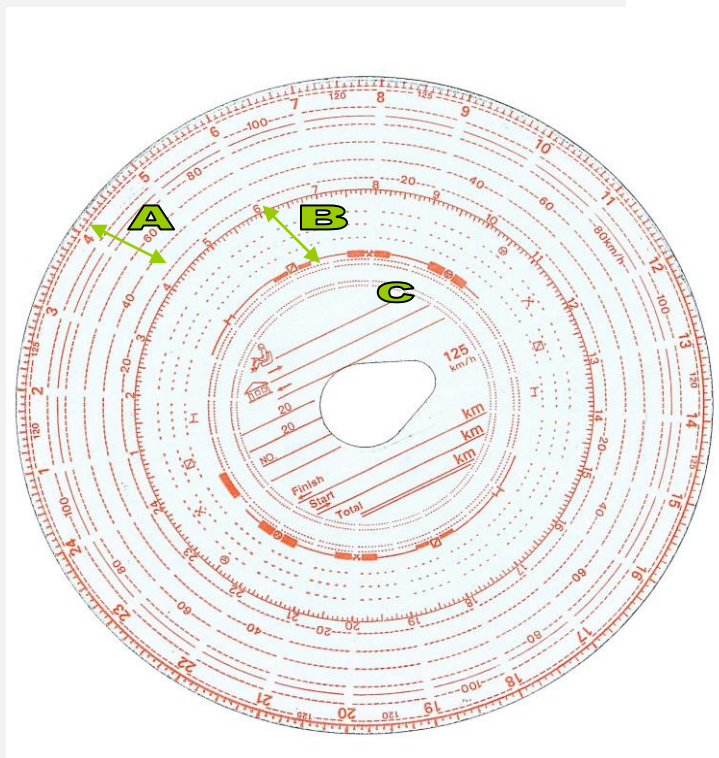
Will you work shifts? Yes/No Do you own a car? Yes/No

Will you do nights out? Yes/No Will you work at weekends? Yes/No

Drivers TACHOGRAPH & DRIVING HOURS TEST

1. What is the normal daily driving period?
2. After what period of accumulated driving must you take a break?
3. You may extend your driving period twice a week to a maximum of?
4. What is the minimum time that must be taken to register a legal break?
5. What is the maximum weekly driving hours?
6. What is the maximum fortnightly driving hours?
7. When inserting a tacho you notice the clock is wrong, what should you do?
8. What tachographs should a driver always retain?
9. Whose legal responsibility is it to return all your tachographs to the operator?
10. What is the legal period before which you must return all tachographs?

11. Can you complete the centre field?
 Using a vehicle Reg: 123 ABC
 Start speedo reading of 250600
 Finish speedo reading of 251010
 Start from Uckfield
 Finish in Glasgow



12. What do the following denote?
- | | |
|---|-------|
| A | _____ |
| B | _____ |
| C | _____ |

13. Is there any reason why you are unable to work nights?

Drivers GENERAL KNOWLEDGE TEST

1. Name ten vehicle checks to be undertaken before commencing a journey.

a.	f.
b.	g.
c.	h.
d.	i.
e.	j.

2. If you consider the vehicle unsafe or illegal in any way, but the client has an urgent deadline for delivery, what action should you take.?

3. Name ten items that a professional driver may carry.

a.	f.
b.	g.
c.	h.
d.	i.
e.	j.

4. Name five pieces of information you should have with you before leaving the client's premises.

a.
b.
c.
d.
e.

5. How can you avoid fatigue when driving?

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6. You are stuck in traffic and will not make a deadline delivery. What action should you take?

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7. If you become stressed in any way when driving what action should you take?

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8. If involved in an accident what action should you take at the scene and then at the client's premises later?

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9. Name the order on procedure that a unit should be couples to a trailer?

Tacho Test Results

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Drivers General Knowledge Test Results

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Adjudicator's signature

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Date

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DFL Ltd
REGISTRATION FORM

MEDICAL REVIEW

It is important that a complete and correct medical history is given and that the information can be verified, where necessary with your doctor.

All the following questions must be answered with s YES or NO in the relevant box.

1. Have you, in the past TWO years, consulted a doctor or any other health care professional regarding any of the following:

Eyes Respiratory Circulatory Skin Joints and Bones

2. Have you, in the past FIVE years, consulted a hospital specialist or been referred as an outpatient, for any of the following:

Eyes Respiratory Circulatory Skin Joints and Bones

3. Are you colour blind?

Yes/No

If YES please give details

4. Do you require glasses for driving

Yes/No

Do you suffer from diabetes?

Yes/No

5. Do you require medication on a regular basis?

Yes/No

If YES please give details

6. Do you suffer from any disability?

Yes/No

If YES, please give us any information which we might need in the case of difficulty relating to your disability

Doctor's Name

Phone No.

Address

Postcode

DECLARATION

I accept that my doctor may be consulted on any matter relating to the completion of this form and that all the information given is correct to the best of my knowledge.

Applicant's Name

Applicant's Signature

Date

Office Use Only