Application Form: Heavy Goods Vehicle Driver



Please complete and sign the declaration at the bottom

Name:			D.O.B: / /		
Home Address:					
Telephone No.:	Email a	ddress:			
Present employer:			Employed since?		
Please circle which role you w	ould like at SJ Walche	ster Ltd			
Hook Loader	Sweeper	Artic	Volvo Tip	Volvo Tipper	
How soon available? / Notice P	eriod?				
Previous driving/ tipper experie	ence?				
Class 1 Yes / No	Class 2 License Y	fes / No Dig	gital Tachograph Card?	Yes / No	
Driver CPC: How many hours o	of periodic training have	e you received?			
Do you possess an MPQC Driver Skills Card (formerly an EPIC card)?				Yes / No	
Do you have any penalty points on your driving licence? If yes, please confirm number of points, offence code and date of conviction:				Yes / No	
In the last 5 years have you been convicted of any criminal offences?				Yes / No	
Are you able to supply employment details for the last 5 years?				Yes / No	
Have you had any motor accidents in the last 3 years?				Yes / No	
Any other relevant information					
This form has been completed	by me and the details	are correct to the b	pest of my knowledge.Si	gnature:	
		Print Name:			
Date:					
Please return to: SJW Foxfield	d works, Whitehurst L	ane, Dilhorne, Stok	ke-On-Trent ST10 2PG		

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Alternatively email this back to Georgia@sjwalchester.co.uk