

Record of Driver Licence Checks

Driver Name: _____

Licence Number: _____

Classification: _____

DRIVING LICENCE INFORMATION

Licence Copy held on file _____

Endorsement Codes _____

Date Test Passed _____

Driver No. _____

Expiry Date _____

H & G Recruitment Solutions confirm that on the said date the driving licence of the above individual is valid and with the number of points stated.

The driver confirms that this information is correct and accurate and that he / she has no prosecutions pending. These checks take place at regular three monthly intervals.

DATE	POINTS	DRIVER'S SIGNATURE	H & G REPRESENTATIVE SIGNATURE AND INITIALS	NOTES: INC LICENCE COPY ON FILE

Protective Safety Equipment

Do you have?

Steel Toe Caps Hard Hat Waterproofs Hi-Ves Vest

Waist Size _____

Chest Size _____

Trousers Length _____

Shoe Size _____

H & G Recruitment Solutions will issue one PPE free of charge together with one free uniform. Thereafter the cost of any uniform needing to be replaced due to general wear and tear will be deducted from your weekly PAYE.

I _____ agree to have the cost of any uniform and/or work wear deducted from my wages on a permanent replacement basis. On leaving H & G Recruitment Solutions I agree to return my allocated uniform, failing to do so I agree to have £50 deducted from my last weeks pay.

Signature _____ Date _____

Health & Safety at Work Compliance

I _____ agree to familiarise myself and comply with any Health & Safety at work procedures currently in force within H & G Recruitment Solutions Clients to which I am assigned. I understand my responsibility to inform you of any injury / accident occurred within Three working days of the incident. Failure to do so could lead to disciplinary procedures and possible legal action taken against me.

I herewith give my authority to H & G Recruitment Solutions to take up appropriate work references concerning the employment history listed overleaf. I confirm that all the information which I have supplied is true and have no unspent conviction under the Rehabilitation of Offenders Act 1974.

Signature _____ Date _____

Interviewers comments:

Preferred Client Base:

Unsuitable Clients:



Recruitment Solutions

Human Resourcing Specialists

DRIVER APPLICATION FORM

Applicant Registration No: _____

PERSONAL DETAILS

Mr / Mrs / Miss / Ms _____ Full Name: _____ Age: _____

Marital Status: _____ Dependants: _____

Address: _____

Post Code: _____

Tel No Home: _____ Mobile: _____

Email: _____ Other Contact: _____

Nationality: _____ NI Number: _____ Date of Birth: _____

Are you legally entitled to work in this country? _____

Next of Kin: _____

Address: _____

Post Code: _____

Tel No Home: _____ Mobile: _____

Any physical problems including back injuries which would affect your work? _____

Do you have any psychological or medical conditions which could affect your work? _____

If yes please give details: _____

Are you currently taking any medication or drugs? _____

ARE YOU REGISTERED DISABLED? _____

NATURE OF DISABILITY _____

REGISTRATION NO: _____

TRANSPORTCar: Reg No: _____ Bicycle: Motorbike: Reg No. _____ Public Transport: **AVAILABILITY**

Date available to work: _____ Period of Notice required: _____

Which areas can you work in: _____

TYPE OF WORKDay to Day Full Time Part Time Long Term Permanent Weekends Monday Tuesday Wednesday Thursday Friday Saturday Sunday Interviewers Comments - Re I.D. on file P45 Passport Birth Certificate Driving Licence **Interviewers Declaration:**

I have inspected the applicants relevant ID, which is now held on file, together with the Current UK Driving Licence, and confirm that the information provided is Comprehensive and Valid. H & G Recruitment Solutions is an equal opportunities employer.

Signed: _____ Position: _____ Date: _____

