

CONFIDENTIAL

DRIVERS APPLICATION FORM

FULL NAME: DATE OF BIRTH:

ADDRESS: AGE:

..... MARRIED [] SINGLE []

..... MALE [] FEMALE []

POST CODE: TEL NO:

BADGE NO: HACKNEY CARRIAGE EXPIRY DATE

PRIVATE HIRE EXPIRY DATE

HOW LONG HAVE YOU HELD A BADGE

HOW LONG HAVE YOU HELD A FULL DRIVING LICENCE

DO YOU INTEND WORKING [] FULL TIME [] PART TIME

PLEASE GIVE THE NAME AND CAR NUMBER OF THE OWNER DRIVER YOU INTEND WORKING FOR (IF KNOWN)

OWNERS NAME CAR NUMBER

PREVIOUS EMPLOYMENT

EMPLOYER	FROM	TO	JOB	REASON FOR LEAVING

HAVE YOU DRIVEN IN THE COURSE OF ANY OTHER EMPLOYMENT?

YES [] NO []

IF YES, PLEASE GIVE DETAILS:-

.....
.....
.....
.....

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PREVIOUS CONVICTIONS

PLEASE GIVE DETAILS OF CONVICTIONS FOR ANY OFFENCE WHETHER MOTORING OFFENCES OR ANY OTHER OFFENCE. IF NONE, STATE 'NONE'

DATE	OFFENCE	COURT	ORDER OR SENTENCE

ATTENTION IS DRAWN TO THE REHABILITATION OF OFFENDERS ACT 1974 WHEN COMPLETING THIS SECTION.

PLEASE GIVE THE NAME AND ADDRESSES OF 2 REFEREES.
(CURRENT EMPLOYEES OF STATION TAXIS ARE ACCEPTABLE)

NAME.....	NAME.....
ADDRESS.....	ADDRESS.....
.....
POST CODE.....	POST CODE.....
TEL NO.....	TEL NO.....

PLEASE NOTE THAT ALL REFERENCES ARE TAKEN UP.

YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION BEFORE AN OFFER OF EMPLOYMENT.

SHOULD REFERENCES PROVE UNSATISFACTORY, THE OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

PLEASE INDICATE THE DATE YOU WILL BE AVAILABLE TO COMMENCE EMPLOYMENT

I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND ACCEPT THAT SHOULD THIS NOT BE THE CASE MY EMPLOYMENT WILL BE TERMINATED.

SIGNED..... DATE

Please return this completed application form to: HR Department,
Station Taxis (Sunderland) Ltd.,
11 Riverside Road,
Southwick,
Sunderland.
SR5 3JG.