

# J. J. Kavanagh & Sons

Telephone: 0818 333 222

Email: info@jjkavanagh.ie

## Employment Application Form –DRIVER

### About You

First Names	Surname	Sex (M/F)	Marital Status
-------------	---------	-----------	----------------

Nationality	Place of Birth	Date of Birth	Trade Union (Y/N)	National Ins. No.
-------------	----------------	---------------	-------------------	-------------------

Permanent Address	Address for reply (if different)
Postcode	Postcode
Home Telephone	Telephone
Mobile No.	Mobile No.

To be notified in emergency
Name
Address
Telephone

Children:		
Date of Birth	Sex (M/F)	Name

Do you own a car?		Tick if Yes
-------------------	--	-------------

Have you a current driving licence?		Tick if Yes
-------------------------------------	--	-------------

What is your driver number?	
-----------------------------	--

Date of expiry of licence	/ /
---------------------------	-----

Which categories is your licence valid for?	
---------------------------------------------	--

Date PCV/HGV test passed	/ /
--------------------------	-----



**Convictions**

Please give details of any Motoring or Criminal Offence(s) for which you have been convicted, fined, imprisoned, conditionally discharged or placed on probation during the last 10 years.

Date	Offence	Description and place of the court	Sentence or Order

**Education**

School, College or Institute	From	To	Examinations taken and results achieved

**Additional Training**

Please give details of training courses you have taken, e.g. First Aid, on the job training, membership of professional bodies.

Date	Details

**Employment History**

*Note:* We will not approach your present employer without your permission

	Present Employer	1st previous employment	2nd previous employment
Name & address of employer			
Type of business			
Position held			
From/To			
Reason for leaving			
Salary and hours per week			
Contact name			

	3rd previous employment	4th previous employment	5th previous employment
Name & address of employer			
Type of business			
Position held			
From/To			
Reason for leaving			
Salary and hours per week			
Contact name			

How much notice must you give your present employer?		How would you prefer to be paid? (please tick)	Weekly	Monthly
------------------------------------------------------	--	------------------------------------------------	--------	---------

May we approach your present employer for a reference?		Tick if Yes	Would you accept part time employment?		Tick if Yes
--------------------------------------------------------	--	-------------	----------------------------------------	--	-------------

Have you arranged any holiday? If so please give dates.		Approximate salary required	
---------------------------------------------------------	--	-----------------------------	--

Are you happy to wear a uniform?		Tick if Yes
----------------------------------	--	-------------

**References**

Please give details of two people that we could approach for a reference. One of whom must be a previous employer. They must not be relatives and must have known you for at least 2 years.

Name		
Occupation		
Address		
Telephone		
No. of years known		

**Hobbies and Interests**

--

**What do you expect to enjoy about the position you are applying for?**

--

**Additional Information**

Please use this space for any additional information about yourself which you feel will assist us in considering your application.

--

**Declaration**

I declare that the information given is to the best of my knowledge and believe it to be a true and accurate statement.

Signed:	Date:
---------	-------

## GENERAL QUESTIONNAIRE

1. Complete the attached tachograph with the following information in addition to your name and date

Mileage	Start:	123456
	Finish:	654321
Registration:		P728 GUV
Starting Journey from:		Watford
Finishing Journey from:		Watford

2. For E.C. Regulations, when does a week start and finish

3. Maximum amount of driving hours before 45 minutes rest

4. What tachographs must you have in your possession at all times

5. What is the minimum amount of weekly rest a driver (working under E.C. Regs.) is permitted to take



Visual Acuity Chart - Approximate Snellen Scale  
For Reading Distance 20 Feet

$\frac{20}{200}$

E

6/60

$\frac{20}{100}$

H N

6/30

$\frac{20}{70}$

D F N

6/20

$\frac{20}{50}$

P T X Z

6/15

$\frac{20}{40}$

U Z D T F

6/12

$\frac{20}{30}$

D F N P T H

6/9

$\frac{20}{20}$

P H U N T D Z

6/8

$\frac{20}{16}$

N P X T Z F H

6/4½

