



## LGV1 Containerlift Driver Application Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Passing LGV1: \_\_\_\_\_

### Convictions:

Please detail any motor convictions you may have:

### Health:

Do you have any medical conditions that may affect your driving or the operation of any machinery:

### Current / Most recent employment:

Are you currently employed?: Yes/No      When could you start?: \_\_\_\_\_

Most current or most recent employer: \_\_\_\_\_

Length of service: \_\_\_\_\_      Rate of pay: \_\_\_\_\_

Nature of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Previous Employment:

<u>Employer</u>	<u>Length of Service</u>	<u>Nature of Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can we approach for a reference? If so, who?: \_\_\_\_\_

**Is there any other experience or qualifications that may be relevant such as ADR or crane experience?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_