



Gt. Dunham Hall, Kings Lynn,
Norfolk, PE32 2LQ
Telephone: 01328 701317 Fax: 01328 701884

DRIVING APPLICATION FORM

Full Name _____

Next of Kin _____

Address _____

City _____

County _____

Home Telephone _____

Mobile Telephone _____

Date of Birth _____

Place of Birth _____

Marital Status _____

No. of Children _____

Are you in Good Health?

Give details of any serious illness or disablement in the last five years?

Give details of any serious illness or disablement prior to five years ago?

Is your vision or hearing impaired? If so, give details

Do you wear glasses to drive?

Have you ever received treatment for Diabetes, Epilepsy or any form of blackout? If so, give details

Give details of all driving accidents and convictions in the last five years

Give details of all convictions for driving or other offences in the last five years. You are not required to declare convictions 'spent' under the Rehabilitation of Offenders Act

Date passed HGV test _____

Date passed car test _____

HGV Licence number _____

Expiry Date _____

Please give details of the type of work which you have done before

Please give the names and addresses of two people we can contact for a reference. At least one should be a previous employer. Your present employer will not be contacted without your consent

Name _____

Occupation _____

Address _____

Telephone _____

Name _____

Occupation _____

Address _____

Telephone _____

Details of previous employers, the most recent first

Company, name & address	Vehicles driven/type of work	Period from	To	Reason for leaving

I certify that all details given by me in this form are correct

Signed _____

Date _____