



**SOUTH COAST**  
Transport

## Driver Application Form

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Logistical Department: \_\_\_\_\_

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

Comments: \_\_\_\_\_

Depot: \_\_\_\_\_

The information requested is for recruitment and statistical purposes only and will be treated in strict confidence. Completion of an application form does not necessarily guarantee a position with South Coast Transport.

**PLEASE ENSURE THAT YOU READ THIS APPLICATION FORM, COMPLETE ALL SECTIONS AND SIGN THE BACK PAGE AS INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.**

### SECTION 1.

Depot applied for:                      Fermoy ☐                      Cork Depot ☐                      Dublin ☐

#### Personal Details (Block capital letters)

Surname: \_\_\_\_\_

First name (s): \_\_\_\_\_

Phone No. (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Do you need a work permit to take up employment in Ireland ?                      Yes ☐                      No ☐

If Yes, please supply details: \_\_\_\_\_

Are you a smoker ?                      Yes ☐                      No ☐

#### Written statement from applicant

*Please note additional information may be attached if necessary*

In your own words, please state why you want to become part of the South Coast Team

## SECTION 2.

IT IS IMPORTANT THAT YOU FULLY COMPLETE THIS SECTION AND THAT THE CORRECT INFORMATION IS GIVEN. WHERE NECESSARY DETAILS PROVIDED SHOULD BE VERIFIED BY YOUR DOCTOR.

### Medical Details

In the last 5 years, have you consulted a Hospital or Specialist, or been referred as an Outpatient on problems in any of the following areas ?

None ☐ Eyes ☐ Skin ☐ Respiratory ☐ Circulatory ☐ Joints / Bones ☐

In the last 2 years, have you consulted a Hospital or Specialist, or been referred as an Outpatient on problems in any of the following areas ?

None ☐ Eyes ☐ Skin ☐ Respiratory ☐ Circulatory ☐ Joints / Bones ☐

Are you colour blind ? Yes ☐ No ☐

If Yes, please detail:

Do you require glasses for driving ? Yes ☐ No ☐

Do you require medication on a regular basis ? Yes ☐ No ☐

## SECTION 3.

### Training and Qualification Details

Please detail any qualifications obtained or training undertaken including the date and result.

PLEASE START WITH THE MOST RECENT INSTUTION ATTENDED

Examining Body e.g. FETAC, FAS, ISM, RSA	Course title e.g. Driver CPC, Manual Handling	Level of award achieved e.g. Honours, Pass of...	Year achieved
1			
2			
3			
4			
5			

### Digital Driver Card Details

DIGITAL DRIVER CARD DETAILS MUST BE PROVIDED. FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING REJECTED. INSTERTING "CARD APPLIED FOR" OR SIMILAR WILL NOT BE ACCEPTED.

Valid from:   DAY   MTH   YR

Licence Number:

Card Number:

### Driving Record

Have you ever had an accident in the past 2 years ? Yes ☐ No ☐

If Yes, please supply details:

## Licence Details

Licence Number:  Expires:   DAY   MTH   YR

Class (es):  Years Experience:

Does your licence carry endorsement / penalty points? Yes ☐ No ☐

If Yes, please supply details:

ADR Licence Number:  Expires:   DAY   MTH   YR

Category (s):

## Driving Experience Details

7.5t Van:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	Bulk Tipper:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Tautliners:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	Multi-Drop:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Tankers:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	L/Hand Drive:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Rigids:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	Low Loader:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Boxes:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	RDC Deliveries:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Tail Lift:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	International:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Artic:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	Fridges:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Containers:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	Walking Floors:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Flatbed:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>	CHIP Liners:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
Draw Bar:	Often <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>				

## SECTION 4.

### Employment Details

**PLEASE GIVE DETAILS OF YOUR EMPLOYMENT HISTORY OVER AT LEAST THE LAST 5 YEARS, STATING YOUR MOST RECENT POSITION FIRST AND WORKING BACKWARDS, EXPLAINING CLEARLY ALL GAPS IN YOUR EMPLOYMENT HISTORY.**

*Please note additional information may be attached if necessary*

Name and Address of Employer:

Telephone Number:  Job Title:

Period: FROM  TO  Basic Pay: €  PER WEEK

Name and Address of Employer:

Telephone Number:  Job Title:

Period: FROM  TO  Basic Pay: €  PER WEEK

Name and Address of Employer:

Telephone Number:  Job Title:

Period: FROM  TO  Basic Pay: €  PER WEEK

Name and Address of Employer:

Telephone Number:  Job Title:

Period: FROM  TO  Basic Pay: €  PER WEEK

Name and Address of Employer:

Telephone Number:  Job Title:

Period: FROM  TO  Basic Pay: €  PER WEEK

## SECTION 5.

### Supplementary Information

Are you willing to work overtime and weekends when required? Yes ☐ No ☐

Do you have any pre-existing commitments which may limit your working hours? Yes ☐ No ☐

If Yes, please supply details:

Are you subject to any restraints which may affect your current or future employment? Yes ☐ No ☐

If Yes, please supply details:

Have you ever worked for South Coast before? Yes ☐ No ☐

If Yes, please supply details:

Do you have any pre-existing holidays arranged? Yes ☐ No ☐

If Yes, please supply details:

If offered a position at South Coast, how much notice must you give your current employer?

Have you ever been convicted of a Criminal Offence? Yes ☐ No ☐

If Yes, please supply details:

## SECTION 6.

### References

**PLEASE GIVE DETAILS OF TWO REFEREES, BOTH MUST BE PREVIOUS EMPLOYERS, ONE MUST BE YOUR CURRENT EMPLOYER**

*Please note that your current employer will not under any circumstances be contacted until you have been offered and confirmed acceptance of a job with South Coast Transport.*

#### Referee One

Name:

Telephone Number:  Company:

Full Address:

Telephone:  Email:

#### Referee Two (Your Current Employer)

Name:

Telephone Number:  Company:

Full Address:

Telephone:  Email:

## SECTION 7.

As a requirement for successful employment as a driver within South Coast Transport, it is necessary for us to have access to certain information about you. This will include your driving licence details and as of September 2009, Driver CPC information.

Employment offers will be subject to satisfactory references and authorisation from you to access these records.

Please ensure that your application is complete and check that the following have been submitted, incomplete applications will not be assessed.

- All sections completed
- Hand written cover letter
- Copy of your CV
- Form is signed

Please submit the completed application form along with a hand written cover letter, copy of your CV and any supporting documentation to: Recruitment Department, South Coast Transport, Corrin, Fermoy, Co.Cork, Ireland

### DECLARATION

*I declare that the information given by me on this form is true and accurate and that I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment of South Coast Transport.*

Signature: .....

Date: .....