

PERSONAL DETAILS

Full Name _____

Address _____

_____ Post Code _____

Email _____ Contact number _____

Date of Birth _____ National Insurance _____

Date of Application _____ Position Sought _____

NEXT OF KIN DETAILS

Name _____ Relationship _____

Emergency contact number _____

BANK DETAILS

Account holder name _____

Bank or Building Society _____

Building Society Reference No _____

Sort code _____ Account number _____

CRIMINAL CONVICTIONS

Do you have any unspent convictions that you must declare under the Rehabilitation of Offenders Act 1974?
YES / NO (please delete as appropriate). If 'Yes', please outline conviction states and dates:

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EMPLOYMENT HISTORY

Please provide five continuous years of employment history. If there are any gaps in your employment, please provide those details. AFE will require at least two references from the below.

Company _____ Contact _____

Phone _____ Email _____

Position held _____ From _____ End _____

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company _____ Contact _____

Phone _____ Email _____

Position held _____ From _____ End _____

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company _____ Contact _____

Phone _____ Email _____

Position held _____ From _____ End _____

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company _____ Contact _____

Phone _____ Email _____

Position held _____ From _____ End _____

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

Company _____ Contact _____

Phone _____ Email _____

Position held _____ From _____ End _____

May AFE request a reference from this person/company? Yes / No (delete as appropriate)

HEALTH DECLARATION

	Yes	No
Do you need any special aids / adaptations to assist you at work, whether or not you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a medical condition or disability which may affect your ability to carry out your proposed work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for, treatment or investigation of any kind at present?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever left a previous employment through ill-health or a work related injury or condition?	<input type="checkbox"/>	<input type="checkbox"/>

If you are happy to be considered for night shifts, please complete all of the below:

	Yes	No
Do you suffer from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you require insulin?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from a heart condition or circulatory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does this affect your physical stamina and your ability to do physical work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any stomach or intestinal disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any conditions where the timing of a meal is important?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any medical conditions that could affect your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any chronic chest disorders, whereby night-time symptoms are particularly troublesome?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any medical conditions requiring regular medication at set times?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any mental health illnesses?	<input type="checkbox"/>	<input type="checkbox"/>



IDENTIFICATION & RIGHT TO WORK

Please provide the following:

- Valid proof of identification – for example passport or ID card.
(A Driving Licence is not proof of ID)
- Proof of Address dated within the last three months. Paper or electronic, utility bill or bank statement.
- If required, any documentation confirming your right to work in the UK - for example, a Home Office letter or a work visa.

DRIVERS' NEGLIGENCE INSURANCE

To ensure that you are adequately covered for all major and minor accidents – fault and non-fault, as well as minor knocks like wing mirrors, bumpers, side steps, scrapes, Anderson leads, dropped trailers etc, a DNI fee will be deducted from your pay slip.

As follows:

- Less than 3 shifts in a week – £2.50 per week
- 3 shifts in a week – £5.00 per week
- Over 3 shifts per week – £10 per week
- There is no weekly fee if you do not work that week

The fee will not however cover you for other traffic related offences, fines or PCNs associated with parking, speeding, congestion charges etc. If you receive a PCN you will be responsible for the payment of any fines as a result. If you would like to opt out of the agency DNI fee, you can provide us with your own Company policy for Drivers Negligence with this registration.

You will then be liable and responsible for any excess and costs related to incidents or damage you may cause.

Declaration

By signing below you are confirming that all the information provided is accurate, to the best of your knowledge. You are also consenting to us checking your driving license details using DVLA online service. We use this service to ensure that your license is valid and that you have the relevant entitlements for the proposed work.

Signed _____ Date _____

Name _____

Privacy Note

We will process the information provided in this registration pack in both hard copy and digital format. We will use the information only in connection with checking your eligibility to work in the UK, your suitability for a role and in order to find you work. We may share certain personal data with our clients prior to making an introduction. For full details of processing please email us on enquiries@aferecruitment.co.uk.

DRIVER DECLARATION

EU rules on drivers' hours – Commercial Vehicles over 3.5 Tonnes

The EU rules set limits for the number of hours you can drive. They also set out minimum requirements for breaks from driving, and daily and weekly rest periods.

The EU rules (Regulation (EC) 561/2006) apply to drivers of vehicles used for the carriage of goods where the maximum permissible weight of the vehicle, including any trailer or semi-trailer, exceeds 3.5 tonnes and where the vehicle is used within the UK or between the UK and other EU and EEA countries and Switzerland.

The current limits on drivers' hours as specified by the EU rules are summarised below:

Breaks from driving: A break of no less than 45 minutes must be taken after no more than 4.5 hours of driving. The break can be divided into two periods- the first at least 15 minutes long and the second at least 30 minutes – taken over the 4.5 hours.

Daily driving: Maximum of 9 hours, extendable to 10 hours no more than twice a week.

Weekly driving: Maximum of 56 hours.

Fortnight driving: Maximum of 90 hours in any two- week period.

Daily rest: Minimum of 11 hours, which can be reduced to a minimum of 9 hours no more than three times between weekly rests. May be taken in two periods the first at least 3 hours long and the second at least 9 hours long. The rest must be completed within 24 hours of the end of the last daily or weekly rest period.

Multi-manning daily rest: A 9-hour daily rest must be taken within a period of 30 hours that starts from the end of the daily or weekly rest period. For the first hour of multi-manning, the presence of another driver is optional, but for the remaining time it is compulsory.

Ferry/train daily rest: A regular daily rest period (of at least 11 hours) may be interrupted no more than twice by another activities of not more than 1 hours duration in total, provided that the driver is accompanying a vehicle that is travelling by ferry or train and has access to a bunk or couchette.

Weekly rest: A regular weekly rest of at least 45 hours, or a reduced weekly rest of at least 24 hours, must be started no later than the end of six consecutive 24-hour periods from the end of the last weekly rest. In any two consecutive weeks a driver must have at least two weekly rests – one of which must be at least 45 hours long. A weekly rest that falls across two weeks must be counted in either week but not in both.

AFE Recruitment Services requires all their contracted drivers to fully understand and comply with legislation in accordance with the EU rules (Regulation (EC) 561/2006) and the Road Transport (Working Time) Regulations 2005. We are liable for any breaches of the regulations committed by our drivers.

I hereby agree and confirm that I am not connected with, engage in, or concerned with any other business or public office which may or might interfere with the performance as a driver, or be in conflict with the best interests of AFE Recruitment Services Ltd without prior written agreement. Failure to comply with this provision may contravene regulations and may result in dismissal on the grounds of gross misconduct and persecution by the relevant enforcing authority. I hereby undertake to inform AFE Recruitment Service Ltd of all hours worked for another employer and will declared to ensure compliance with the current limits in accordance with the EU rules (Regulation (EC) 561/2006) and the Road Transport (Working Time) Regulations 2005.

As a commercial driver I agree to operate and maintain my Tachograph, to completely record all my activities, in line with current legislation. I hereby confirm and understand the EU rules (Regulations (EC) 561/2006) and the Road Transport (Working Times) Regulations 2005 and comply with the working hour rules and limits stated therein.

Signature _____

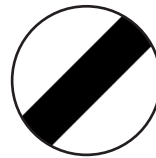
Print Name _____ Date _____

HIGHWAY CODE TEST

Please tick the correct boxes below



- No stopping
- No waiting
- No parking
- No Entry



- National speed limit
- No entry for HGV's
- Diversion warning
- End of restriction



- Priority over oncoming vehicles
- No speeding
- No overtaking
- No double parking



- Pedestrians crossing
- Elderly pedestrians
- No elderly pedestrians
- No pedestrians



- No through road
- No reversing
- No U-turns
- No bends in road



- Water ahead
- Hump bridge
- Uneven road
- Speed bumps



- Steep hill upwards
- Ramp ahead
- Uneven ground
- Steep hill downwards



- Tunnel restriction
- Weak bridge restriction
- Height restriction
- Width restriction



- Only authorised vehicles
- Only cars and bikes allowed
- No overtaking
- No motor vehicles



- No stopping on a clearway
- No loading on a clearway
- No parking on a clearway
- No entry on a clearway



- End of dual carriageway
- Single lane traffic ahead
- Road narrows on both sides
- Junction ahead



- No parking
- Lorry restriction ahead
- No loading
- End of lorry restriction



- No stopping
- No waiting
- No parking
- No entry



- No parking
- Red route ahead
- No through road
- Red vehicles only

HIGHWAY CODE TEST

Please tick the correct boxes below



- Slippery road surface
- No drink driving
- No driving at high speed
- No learner drivers



- Buses turn left only
- Bus depot ahead on the left
- Bus lane at junction ahead
- Buses use left lane



- Private property
- No through road
- Gated level crossing
- Gates ahead



- Height restriction
- Weight restriction
- Width restriction
- Load restriction



- T-junction
- Crossroads
- Staggered junction
- Two way junction



- Chevrons ahead
- Countdown markers
- Keep distance
- Approach to a roundabout

Score: ____ /20

Total score: ____ /40

POLICIES AND HANDBOOK

It is very important that you familiarise yourself with our policies and procedures whilst working through us. These are available from our company website at www.aferecruitment.co.uk. If you do not have access to the internet, a hard copy can be made available to you by contacting the office on 01707 655 194.



REFERENCE REQUEST FORM

COMPANY ONE

Company Name

Managers Name & Position

Applicants Name

Date _____

Good Average Poor

Employed as

Time keeping

Employment Dates

Attendance Record

From _____ To _____

English Language
Comprehension

COMPANY TWO

Company Name

Managers Name & Position

Applicants Name

Date _____

Good Average Poor

Employed as

Time keeping

Employment Dates

Attendance Record

From _____ To _____

English Language
Comprehension



REGISTRATION PACK CHECKLIST

CANDIDATE FORMS

- Medical Form with Emergency Contact Details
- 5 Year Activity History Covered
- EU Rules on Driver's Hours
- Bank Details
- Test & Score _____
- Candidate Interviewed By _____

CANDIDATE DOCUMENTS

- | | |
|---|---|
| <input type="checkbox"/> Passport/Birth Certificate or EU ID Card
(for all UK/EU Passport Holders) | <input type="checkbox"/> Proof of Address |
| <input type="checkbox"/> EU Immigration Status | <input type="checkbox"/> Proof of National Insurance Number |
| <input type="checkbox"/> ILR Visa (for all Non-UK/EU Passport Holders) | <input type="checkbox"/> Proof of Personal Bank Account |
| <input type="checkbox"/> Driving License (Both Sides) | <input type="checkbox"/> References |
| <input type="checkbox"/> Driver Qualification Card (Both Sides) | <input type="checkbox"/> DVLA Check |
| <input type="checkbox"/> Driver Card | |

CONSULTANT

I verify that all documents have been provided and forms have been signed and completed:

Print Name _____

Signature _____