



Millstreet, Co. Cork, Ireland  
Greenogue Business Park, Rathcoole, Dublin, Ireland

029-71188  
01-4018670

## Personal Details

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

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

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

Best Time? \_\_\_\_\_

How did you find out about our vacancies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who should we contact in case of an accident at work? \_\_\_\_\_

Mobile: \_\_\_\_\_

## What job opportunities are you interested in

Vacancy Title: \_\_\_\_\_

How many hours a week would you like to work? \_\_\_\_\_

\_\_\_\_\_

Type of work preferred \_\_\_\_\_

Day shift \_\_\_\_\_

Night Shift \_\_\_\_\_

Trunking \_\_\_\_\_

UK \_\_\_\_\_

Full time \_\_\_\_\_

Part time \_\_\_\_\_

Odd day \_\_\_\_\_

Weekend \_\_\_\_\_

Weekend only \_\_\_\_\_

What are your salary expectations? \_\_\_\_\_

## Important questions

Are there any restrictions on your right to work in Ireland? \_\_\_\_\_

If so please give details: \_\_\_\_\_

Have you any previous convictions? \_\_\_\_\_

If so please give details: \_\_\_\_\_

Are you a smoker? \_\_\_\_\_

## Educational Qualifications Received/Training Certificates/Licenses Held(eg cpc modules + first aid)

*If applying for driving positions, please complete the following:*

Do you hold a digital drivers card? \_\_\_\_\_

If so please advise the digital drivers card number: \_\_\_\_\_

Valid to? \_\_\_\_\_

## Current Employment status

Please provide full details of your current (or most recent) employer

Employer: \_\_\_\_\_

Current Role/Employment Status: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates(DMY) From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Notice Period: \_\_\_\_\_

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

## Details of last two employers

*Company Name*

*Duties undertaken*

## Contact Details For Reference

If offered this position will you continue to work in any other capacity? \_\_\_\_\_

If so please give details: \_\_\_\_\_

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## Driving licence details

Expiry date: \_\_\_\_\_

LGV Class \_\_\_\_\_

LGV expiry date: \_\_\_\_\_

Total years LGV: \_\_\_\_\_

Does your Licence carry current endorsements? \_\_\_\_\_

*If so please give details:* \_\_\_\_\_

## Work experience

Tautliners

Tankers

Rigids

Tail lift

Artic

Containers

Flatbeds

Multi Drop

Walking floors

Keg carriers

Tugmasters

## Medical Questionnaire

**It is important that you fully complete this section, and that the correct information is given. Where necessary details provided should be verifiable by your doctor**

*In the last five years, have you consulted a hospital or specialist, or been referred as an outpatient on problems in any of the following areas?*

**Eyes:**

**Respiratory:**

**Circulation:**

**Skin:**

**Joints & Bones:**

*In the last two years, have you consulted a Doctor or any other health Professional regarding any of the following?*

**EYES:**

**RESPIRATORY:**

**Circulation:**

**Skin:**

**Joints & Bones:**

Are you color blind?

*If so please give details:*

Do you require glasses for driving? \_\_\_\_\_

Do you require medication on a regular Basis? \_\_\_\_\_

*If so please give details:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Declaration

Data Protected act:

I consent to the information I give on this form, other information provided/generated in relation to my application, and information about me as an employee if I am offered and accept a job: being processed and used by LTL to determine my suitability for employment. being used for the maintenance of necessary records.

***the information you supply in this form will be used in the strictest confidence***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note: Any false or misleading information in your application may effect your rights under legislation and /or may cancel your application or render you liable for dismissal, if engaged***