

Application Form

Name - _____ DOB _____

Address - _____

NI Number _____

Telephone - Home - _____ Mobile - _____

Email - _____

Licence Number: _____ Categories _____

How long held - _____ Expiry date _____

Endorsements - _____

Driver CPC - Modules/Expiry - _____

Have you had any accidents in last 5 years - _____

Previous Employment -

Company - _____ Length of service - _____

Company - _____ Length of service - _____

Have you any criminal convictions - _____

Have you any medical conditions - _____

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related.



CP Transport Ltd
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Orwell Logistics Park
Ipswich
IP10 0DD
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Email: fleet@cptransport.com
Website: www.cptransport.com

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing the applicants consideration on a basis prohibited by law.

CP Transport Ltd undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. We retain your information on our secure servers for a period of 90 days.

I understand that by entering my name in the box below I am confirming all of the above.