



# Courier Driver

## Application Form

**\*\* Please fill in the form in CAPITAL letters \*\***

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the position you are interested in: Part Time ☐ Self Employed ☐

Are you interested in using: Your Own Vehicle ☐ Company Vehicle ☐

Are you looking for: Van ☐ Car ☐ Bike ☐ Other ☐

Vehicle Types you have previously had experience driving:

Small Van ☐ Transit MWB ☐ Transit LWB ☐ Transit LWB HT ☐  
(Medium Wheel Base) (Long Wheel Base) (Long Wheel Base, High Top)

### PERSONAL DETAILS

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Mobile Number \_\_\_\_\_ Home Telephone \_\_\_\_\_

House No \_\_\_\_\_ Street Name \_\_\_\_\_

Town \_\_\_\_\_ Post Code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town of Birth \_\_\_\_\_

National Insurance Number \_\_\_\_\_

**Do you have the legal right to live & work in the UK?** Yes / No

**Do you hold a full drivers licence?** Yes / No

If no, please state the type of licence you hold \_\_\_\_\_

**What does your licence allow you to drive?** \_\_\_\_\_

*(Please state categories)*

**Do you have any endorsements on your licence?** Yes / No

If yes, please give details \_\_\_\_\_

**Have you been CRB (Disclosure Scotland) verified?** Yes / No

**Are you happy driving long distance?** Yes / No

**Are you happy with occasional overnight stays?** Yes / No

**Are you physically restricted in what you can lift or move?** Yes / No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

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**Self Employed / Own Vehicle Use Only**

**Are you currently covered for Business Use Vehicle Insurance?** Yes / No

**I have consulted my insurance company and can obtain the necessary Insurance for courier work in my own vehicle:** Yes / No

**I am willing to purchase this insurance to cover me for courier work** Yes / No

**Current Vehicle:** Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year of Registration: \_\_\_\_\_

Part Time Employed Couriers using their own cars are paid by the mile. This mileage is calculated from pick up of consignment to drop off of consignment only. The rate is currently £ 0.25p per mile.

**Are you happy with the mileage rate offered?** Yes / No

\_\_\_\_\_

**Emergency Contact Details**

Contact Name \_\_\_\_\_

Tel Number \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

**References** (details of the last company you worked for)

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Number \_\_\_\_\_

Date Employment Commenced \_\_\_\_\_ Date Ended: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Do you have any objections to contact being made with your present or past employer?

Yes ☐ No ☐**CONVICTIONS**

Unprejudiced consideration will be given to candidates who declare criminal convictions. Only offences which are manifestly incompatible with the post in question will result in candidates being excluded from consideration.

Have you ever been convicted of a criminal offence other than those that would be considered spent under the Rehabilitation of Offenders Order (NI) 1978?

Yes ☐ No ☐

If yes, please give details below:

\_\_\_\_\_

I declare that the information I have given is correct.

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

1) Are there any medical, religious or any other reasons why you would not be available for work on certain days? Yes / No

2) Do you agree to give 2 weeks notice should you decide to leave? Yes / No

**We must take copies of these documents for our records:**

- |                                       |                          |
|---------------------------------------|--------------------------|
| 1) Passport - Photo Page              | <input type="checkbox"/> |
| 2) Passport – Front Cover             | <input type="checkbox"/> |
| 3) Driving Licence                    | <input type="checkbox"/> |
| 4) Counter Part of Driving Licence    | <input type="checkbox"/> |
| 5) National Insurance Card            | <input type="checkbox"/> |
| 6) Photograph x 2                     | <input type="checkbox"/> |
| 7) Utility Bill in Your Name          | <input type="checkbox"/> |
| 8) Birth Certificate (if no passport) | <input type="checkbox"/> |
| 9) CSCS Card (if applicable)          | <input type="checkbox"/> |
| 10) Identity Card (if applicable)     | <input type="checkbox"/> |
| 11) Proof of Address                  | <input type="checkbox"/> |

***Additional documents for Bikes only***

- |                                    |                          |
|------------------------------------|--------------------------|
| 12) CBT                            | <input type="checkbox"/> |
| 13) Vehicle Registration Documents | <input type="checkbox"/> |
| 14) MOT (if applicable)            | <input type="checkbox"/> |
| 15) Insurance                      | <input type="checkbox"/> |

**\*\*Acceptable forms of Proof of Address are:**

- Payslip showing home address
- Bank statement (less than 3 months old)
- Mortgage statement (less than 3 months old)
- Council Tax (less than 12 months old)

**Further Information**

Does your bike have a top box? Yes / No

Do you have a GPS? Yes / No

Can you read a map? Yes / No

Are you willing to use/wear equipment supplied by the Company? Yes / No

Do you have mobile phone hands free capability?

Are you able to drive to:

Central Belt Only	<input type="checkbox"/>
Scotland Only	<input type="checkbox"/>
Scotland & North England Only	<input type="checkbox"/>
UK Wide	<input type="checkbox"/>

Please give details of membership of any professional organisations:

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**CRB CHECK (Criminal Records Bureau)**

If a CRB is necessary for the type of work available to you, DNDP C.I.C will bear the cost of the administration and submission fees for the CRB application. In the event that you, the person named on the submission form, leaves or is dismissed from the company within a period of 4 weeks of acceptance of the post, all monies paid toward the CRB check will be recovered in the last payment.

**Applicant Waiver****All Job Applicants Must Sign and Submit With Application Form**

I hereby certify that the information contained in the attached application form is correct to the best of my knowledge and belief. I understand that falsification of this information is grounds for you refusing to engage or employ me or, if employed/contracted, instant dismissal without notice or pay in lieu.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I hereby release all such parties from all and any liability that may result from providing such information to you. I authorize you to request and receive such information.

I understand that no representative of the company has any authority to enter into any agreement for employment or services for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed/contracted, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain under consideration for no more than 60 days from the date it was signed.

**Signature of the Applicant:** \_\_\_\_\_

**Print Name of Application:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Initial Assessment By:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Interviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**We at DNDP C.I.C would like to thank you for completing our Courier Driver Application Form. Should you have any questions, or require any further information or advice, please don't hesitate to contact us:**

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