

# SELF EMPLOYED DRIVER APPLICATION FORM

**Full Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Home Number :** \_\_\_\_\_ **Mobile Number :** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_

**National Insurance No:** \_\_\_\_\_

**Driving Licence Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Full Driving Licence Held For:** \_\_\_\_\_ **Years**

**Details Of Any Current Endorsements:** \_\_\_\_\_

\_\_\_\_\_

**Details of Any Accidents/Claims in the last 5 years:** \_\_\_\_\_

\_\_\_\_\_

**Details of Previous Driving Experience** (eg Own Car 10,000 Miles /work/company/Car/Van)

**Type of Previous Main Employment/Self Employed** (eg Sales,Plumber Etc)

**Please state the number of days you are able to like and circle the preferred days**

**Number Of Days:** \_\_\_\_\_ **Monday / Tuesday / Wednesday / Thursday / Friday**

**Next Of Kin Details:** \_\_\_\_\_

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

**Relationship:** \_\_\_\_\_

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

**Contact Number:** \_\_\_\_\_

**Declaration:**

I understand that any work carried out by me will be on a Self-Employed basis and I will be responsible for any Payment of any Tax or NI Due

I Also agree for Elite Vehicle Movements to carry out personal checks on my driving licence as and when required along with random drugs and alcohol tests if the need arises.

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_