THE ROBERT PRICE GROUP

APPLICATION FORM for FLEET MANAGER

Robert Price is an equal opportunities employer

An electronic version of our Privacy Policy is published on our website: www.robert-price.co.uk

Please contact us on 01873 858585 if you require an application form in large print.

Personal Details

Your full name:

Home address:

E-mail address:

Phone number(s):

Nationality:

What documents will you be producing in support of your right to work in the UK?

Where did you hear about this vacancy?

If this was from an existing Robert Price employee, please give their name:

What other employment interests do you have:

If offered this position, will you continue to work in any other capacity? If yes, please give details including hours:

Please give details of the remuneration package you require:

How much notice do you have to give (if relevant) and when would you be available to start work?

Is the role you have applied for within commutable distance for you and how would you travel to work?

Interviews

Preliminary interviews may be conducted remotely using Teams or Zoom.
Do you have access to these platforms?

Say here if there is a time or day of the week which suits you best?

Adjustments

If successful, what reasonable adjustments are required in the workplace to allow you to take up the role?

Employment History

List your present and past employment, **starting with your most recent**. Copy this sheet for more entries if necessary. **If you are enclosing a CV, please complete this page as well**.

Name & Address of Employer	From: Month & Year	To: Month & Year	Starting Salary	Leaving Salary	Name of Manager
			£	£	
			per	per	
	Job Title				
	Describe the work you did:				
Tel:					
Type of business	Reason for leaving				

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			£	£	
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Tel:					
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Please describe any other work you have been involved in, e.g. voluntary, freelance, project work etc.	
Dates/duration	Description

Education, Qualifications & Training

Beginning with the most recent events, give details of your education, qualifications and training to date. If invited to attend an interview, please bring your qualification certificates with you.

Places attended	Dates From/To *(optional)*	Qualifications Gained

Interests

Give details of your main interests outside work

Additional Information

Give any further information which you think may assist us in considering your application.

References

Please provide names, addresses and occupations of two referees (not relatives), preferably previous employers who we may approach with regard to your application. By giving these referees, you authorise us to approach them for a reference. If this authority is conditional please state your conditions

Name:	Name:
Company:	Company:
Address: Email:	Address: Email:
Telephone:	Telephone:
If this reference authority is conditional (e.g. upon job offer) please state your conditions here:	

FLEET MANAGER APPLICATION

Please use additional sheets if necessary, using the paragraph numbers

Experience

1. Please describe your experience managing a vehicle fleet. Include the types of vehicles you have managed (e.g. lorries/cars/FLT) and the size of the fleet.

2. Describe your experience of the following:

    1. Scheduling vehicle servicing

    2. MOT's

    3. Tax & Insurance Renewals

    4. Managing People

3. How do you ensure all vehicles within a fleet are operating in line with legislation and safety regulations?

4. How do you approach driver assessments or performance issues related to vehicle operation?

5. Tell us about a time you improved efficiency or reduced costs within a transport or fleet operation.

6. Describe what you would do if an accident occurred because of:

    1. A customer

2. An employee

7. Describe a time when you identified and resolved a compliance or safety issue within a transport operation

8a. Why do you believe you are suited to the role of Fleet Manager at Robert Price?

8b. What relevant qualifications do you have to support your application for this role?

Driving licence Details (a current UK driving licence is an essential requirement of the job)

Licence type	Date of passing test	Expiry date	Accidents (& endorsements) within last 3 years

Please give details of any relevant medical conditions you have which might reasonably be considered to affect your ability to perform the job:

Give details of any unspent criminal convictions that you may have (Rehabilitation of Offenders Act 1974):

Are you a smoker/vaper? (all our workplaces are non-smoking areas)

Declaration

The information given in this application is correct.

Signature:..... Date: .....

Please return completed form by email to: jobs@robert-price.co.uk