

CLOCKWISE BRIEFINGS PART TIME DRIVER FULL TIME EMPLOYMENT RECORD

TITLE	MR MRS MISS MS
SURNAME	
FIRST NAMES (In Full)	
ADDRESS	
POSTCODE	
DATE OF BIRTH	
PHONE No.	
NI No	
DETAILS OF FULL TIME EMPLOYMENT	
Company	
Reporting To:	
Hours of Work:	
Telephone No:	
Does your employer know you drive coaches?	
<p>I declare that the information above is correct and give permission for Clockwise Briefings to contact my full time employer to verify my hours of work. I am fully conversant with EU drivers hours and tachograph rules including daily and weekly rest periods.</p>	
Signed.....Date	
Print Name.....	

