

Application for Employment

SLEAFORDIAN COACHES, PRIDE PARKWAY, EAST ROAD, SLEAFORD, LINCS NG34 7EH
Tel 01529 303333/302473 Fax 01529 303324

Please carefully read this form and answer all the applicable questions honestly and truthfully. Afterwards read the declaration and Consent under the Data Protection Act at the end of the form and sign and date it. **PLEASE COMPLETE IN BLOCK CAPITALS**

Return the completed form to the above address, marked for the attention of Mr. K Taylor

Post applied for: Driver

SURNAME (MR/MRS/MISS/MS)		
FIRST NAMES		
ADDRESS		
TELEPHONE NUMBER (HOME/MOBILE)		
DATE OF BIRTH: NATIONAL INSURANCE NUMBER: MARITAL STATUS NUMBER OF CHILDREN AND AGES	NEXT OF KIN: NAME: RELATIONSHIP TO YOU: ADDRESS:	
ARE YOU A REGISTERED DISABLED PERSON? YES/NO IF SO PLEASE STATE REGISTRATION NUMBER:	NUMBER OF DAYS ILLNESS DURING THE LAST 2 YEARS:	
SECONDARY EDUCATION (NAME OF SCHOOL)	FROM/TO	EXAMINATIONS PASSED & GRADES
PROFESSIONAL QUALIFICATIONS & MEMBERSHIP OF PROFESSIONAL BODIES INCLUDING ANY FIRST AID TRAINING	DATE OF PASS/ACCEPTANCE	LEVEL
DO YOU HOLD A CURRENT PCV LICENCE? YES/NO IF SO DATE YOU PASSED THE TEST: PLEASE STATE CATEGORY: DO YOU HAVE ANY SPECIALISED SKILLS OR LANGUAGES? YES/NO IF YES PLEASE GIVE DETAILS DO YOU SMOKE? YES/NO	DO YOU HAVE CRIMINAL CONVICTIONS THAT HAVE OCCURRED DURING THE PAST 5 YEARS? YES/NO Note: You do not have to disclose any offence which is a spent offence under the Rehabilitation of Offenders Act 1974) IF YES PLEASE GIVE DETAILS HAVE YOU AT ANY TIME BEEN CONVICTED OF A CRIME THAT HAS RESULTED IN A PRISON SENTENCE? YES/NO IF YES PLEASE GIVE DETAILS DO YOU HAVE A LINCOLNSHIRE COUNTY COUNCIL ENHANCED CRB BADGE? YES/NO	

DRIVING HISTORY

HAVE YOU EVER BEEN CONVICTED OF A MOTORING OFFENCE, OR HAVE A PROSECUTION PENDING, OR SUSTAINED A FIXED PENALTY RESULTING IN AN ENDORSEMENT OF YOUR LICENCE DURING THE PAST 11 YEARS? YES/NO

IF SO PLEASE GIVE DETAILS BELOW

DATE OF OFFENCE	DATE OF CONVICTION	OFFENCE CODE	PENALTY POINTS	LICENCE ENDORSED	ALCOHOL LEVEL & READING	LENGTH OF BAN (YRS/MTHS)	DID AN ACCIDENT OCCUR?
				YES/NO			YES/NO
				YES/NO			YES/NO
				YES/NO			YES/NO
				YES/NO			YES/NO
				YES/NO			YES/NO

HAVE YOU OR IN THE PAST HAD A DEFECT IN VISION OR HEARING, PHYSICAL OR MENTAL INFIRMITY OR SUFFERED FROM DIABETES, EPILEPSY OR ANY HEART COMPLAINT? YES/NO

RECEIVING TREATMENT NOW	DESCRIPTION OF DISABILITY/CONDITION	DATE DIAGNOSED	ADVISED TO THE DVLA
YES/NO			YES/NO
YES/NO			YES/NO
YES/NO			YES/NO
YES/NO			YES/NO
YES/NO			YES/NO

HAVE YOU, TO YOUR KNOWLEDGE, EVER HAD SPECIAL CONDITIONS ATTACHED TO A MOTOR VEHICLE INSURANCE COVERING YOU TO DRIVE? YES/NO

IF SO PLEASE GIVE FULL DETAILS OF THE CONDITIONS:

EMPLOYMENT HISTORY. PLEASE PUT PRESENT OR MOST RECENT EMPLOYER FIRST

NAME, ADDRESS AND PHONE NUMBER PLUS NATURE OF BUSINESS	POSITION AND MAIN RESPONSIBILITIES	FROM/TO	LEAVING SALARY	REASON FOR LEAVING

HAVE YOU GIVEN NOTICE TO YOUR CURRENT EMPLOYER? YES / NO		HOW SOON COULD YOU COMMENCE EMPLOYMENT WITH US?		
PLEASE GIVE DETAILS OF ANY HOLIDAY COMMITMENTS DURING THE NEXT 12 MONTHS		HAVE YOU EVER BEEN DISMISSED BY AN EMPLOYER? YES /NO IF YES PLEASE GIVE DETAILS		

PLEASE GIVE THE NAMES, ADDRESSES AND PHONE NUMBERS OF TWO PEOPLE WHO MAY BE CONTACTED TO PROVIDE REFERENCES AND STATE HOW YOU KNOW THEM.

NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE NO.:	TELEPHONE NO.:

DO YOU HAVE ANY PART TIME OR EVENING JOBS WHICH YOU INTEND TO CONTINUE? YES / NO

PLEASE GIVE DETAILS

DECLARATION

I declare that the information I have given on this form is correct and that any misrepresentation by me may be sufficient grounds for my dismissal if I am employed. I give my permission for my previous employer(s) and any references given to be contacted.

Signed by Applicant:

Date:

Consent under the Data Protection Act 1998 - the information given to Sleafordian Coaches in this form will be processed only by Sleafordian Coaches for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee of Sleafordian Coaches and for up to 6 years after the end of your employment. Otherwise this form will only be retained by Sleafordian Coaches for so long as it is required in connection with your application. By signing this consent you give us your express consent to retain and process all the information contained in this form and to transfer it to countries outside the European Economic area if required.

Signed by Applicant:

Date:

OFFICE USE ONLY

INTERVIEW	ACCEPTANCE LETTER	COMMENCED	WAGES	PENSION
COPY OF LICENCE	UNSUCCESSFUL LETTER			
DVLA CONTACTED	COMMENTS			