

REGIONAL TRANSPORT

Bus and Coach

Job Application Form

Please complete this application fully and in BLOCK capital letters.

Position applied for	Date / /
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Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
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Have you previously applied for employment or worked for Regional Transport before? Yes No
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Personal Information

Title	Surname	Forenames
Previous names	Address details	
Are you eligible to work in the UK? Yes No	Line 1	
N.I.Number	Line 2	
Date of birth	Town	
Email address	County	
Home telephone number	Postcode	
Mobile telephone number		
Work telephone number		

For office use only

Application number	Suitable for interview YES NO If NO, reason
Date received	
Application checked by	Interview arranged Date Time

Driver licence information

<p>Do you hold a current full UK driving Licence? Yes No</p> <p>Date passed test</p> <p>Expiry date</p> <p>Driver number</p> <p>Licence type UK/ECC International Other, please specify</p> <p>How long have you been driving continuously in the UK on a full driving licence?</p>	<p>Do you hold a current PCV UK entitlement? Yes No</p> <p>Date passed test</p> <p>Expiry date</p> <p>Where and who was your PCV training undertaken?</p> <p>Do you hold a DQC / Drivers certificate of professional competence? Yes No Partial</p> <p>If partial, please provide details of where training was undertaken and hours completed;</p>
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<p>Are there any endorsements on your licence?</p>	<p>Yes No</p>	<p>If "YES" please provide details</p>
<p>Date of offence Convictions</p>	<p>Penalty or No. of points</p>	<p>Conviction code (eg SP30)</p>

<p>Are you subject to any pending motoring offences?</p>	<p>Yes No</p>	<p>If "YES" please provide details</p>
<p>Date of offence Notice of offence</p>		

<p>Have you ever been refused a licence or entitlement?</p>	<p>Yes No</p>	
<p>Have you ever been disqualified or banned from driving?</p>	<p>Yes No</p>	<p>If "YES", on what grounds?</p>

<p>Please provide details of any road accidents, whether blameworthy or otherwise in the last 5 years</p>

Employment details

Please include full details of all employment over the last 6 years including any voluntary work, unemployment, college etc

Current or most recent employer

Employer name	Job title of position held	
Address	Duties	
Name and title of supervisor	Date started	Date finished
Reason for leaving	Salary	

Previous Employment 1

Employer name	Job title of position held	
Address	Duties	
Name and title of supervisor	Date started	Date finished
Reason for leaving	Salary	

Previous Employment 2

Employer name	Job title of position held	
Address	Duties	
Name and title of supervisor	Date started	Date finished
Reason for leaving	Salary	

Previous Employment 3

Employer name	Job title of position held	
Address	Duties	
Name and title of supervisor	Date started	Date finished
Reason for leaving	Salary	

Previous Employment 4

Employer name	Job title of position held	
Address	Duties	
Name and title of supervisor	Date started	Date finished
Reason for leaving	Salary	

Previous Employment 5

Employer name	Job title of position held	
Address	Duties	
Name and title of supervisor	Date started	Date finished
Reason for leaving	Salary	

What length of notice will you have to give to your present employer?

What date can you begin working for Regional Transport?

Education and Training

Please include full and part time courses, apprenticeships and vocational qualifications.

Subject/Course title	Qualification	Grade	Course date from	Course date to

Further Information

Please provide additional information about yourself, other skills, other qualifications, voluntary work, clubs and memberships, previous work in dealing with the public, handling cash and why you want to work for Regional Transport.

Medical Information

This section must be completed fully and accurately.

Section A

Name	Height
Age	Weight

Section B

Have you ever in your life, including childhood, had the following?		
Any heart condition	Yes	No
Loss of sight or cataract removed	Yes	No
Double or tunnel vision	Yes	No
Any epileptic attack, stroke or loss of consciousness	Yes	No
Drink problem	Yes	No
Drug addiction	Yes	No

Section C

Are you being treated for any of the following?		
Angina	Yes	No
Medical or nervous disorders	Yes	No
Diabetes with insulin injections	Yes	No

Section D

Have you stayed away from work or school in the past year?	Yes	No
Have you consulted a doctor in the past year?	Yes	No
Have you any permanent disability?	Yes	No

Section E

If you have answered yes to any of the questions or if you have any other medical conditions that can affect your ability to work or to drive a bus or coach that has not been listed, please give particulars;

Print Name	Signature
Date	

References

We will request references from previous employers.

If you have been self employed, please provide details of your accountant below.

Company
Name of Person
Title/Position
Address
Telephone number

Company
Name of Person
Title/Position
Address
Telephone number

At the stage, do we have permission to contact your referees?	Yes	No
If "NO", please state when it will be acceptable (e.g. On provisional offer of job)		

Convictions and legal proceedings

With the exception of offences which are "spent" under the terms of the "rehabilitation of offenders act 1974" please enter the exact details of any criminal or court martial proceedings.

A criminal record will not necessarily prevent you from obtaining the position.

Date of offence	Date of conviction	Nature of offence	Sentence or court order

Declaration and validity

I accept by signing and dating this form that I have to the best of my knowledge provided true and accurate information throughout. If any information is subsequently found to be false or misleading, this can lead to dismissal by Regional Transport Ltd.

By signing this application I am giving consent to Regional Transport Ltd to carry out a CRB check on myself due to working with the public and with schools.

I give Regional Transport Ltd consent to seek references that I have provided details for.

Should I be employed by Regional Transport Ltd, I shall adhere to the laws regarding working and driving hours, not to exceed them and ensure I have sufficient rest periods between work.

Yes, I accept this declaration

No, I do not accept this declaration

Date

Name