

Centrebus

APPLICATION FORM PCV DRIVER

Full Name :

Home Address:

Home Telephone :

Mobile Telephone :

Sex M / F

Date of Birth :

Smoker Y/N

Driving Licence Information

When did you pass your PCV test?

Entitlement:

D / D1
Full / Auto only

Is your licence clean? Y/N

Give details of any points

Driver Licence Number:

Give details of any criminal convictions in the past 5 years, together with ANY which have resulted in a prison sentence. If none, you must write NONE here. (*exclude those spent under Rehabilitation of Offenders Act 1974*)

Please answer the questions below. Write YES or NO and give further details if required.

Are you legally eligible to live and work in the UK in accordance with the Asylum and Immigration Act 1996?

Can you provide a specified document such as passport, P60, or UK birth certificate?

Are you generally in good health? *If NO give details.*

Are you receiving medical treatment for any condition? *If YES give details.*

Have you in the past 10 years had a period of illness resulting in a long-term (more than 4 weeks) absence from work?

Are you registered disabled or do you suffer otherwise from any disability? *If YES give details.*

Are you willing to undergo a medical examination?

Do you have outside commitments that could limit your working hours, such as being a JP, councillor in local government or a member of the TA?
If Yes please give details

Work Availability

If currently employed, how much notice will you have to give your current employer?

Do you have existing holiday commitments? *If YES, please give all details.*

Education and Skills

Please give details of schools, colleges and universities attended since age 14.

Name of Establishment	Dates Attended	Qualifications Obtained
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Please give details of other skills and qualifications you have obtained.

Employment

Are you currently employed? *If NO please give reason.*

Have you ever been dismissed by an employer? *If YES please give details of what happened.*

Please give details of your past employment. Start with your current or last employer first. Please show all driving positions held previously.

Company Name	Address	Position	Rate of Pay	Dates
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Do you have any part-time or evening jobs that you intend to continue? *If YES give details.*

References

Please give the name and address of two people that we may contact for references. One reference must be from a previous employer.

1

Name :

Address :

Telephone :

How do you know this referee?

2

Name :

Address :

Telephone :

How do you know this referee?

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 employers and any references to be contacted.

Signed _____

Date _____

- Consent under the Data Protection Act 1998 - the information given to Centrebus Ltd in this form will be processed only by Centrebus Ltd 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 for such times as you are an employee and for up to 6 years after the end of your employment. Otherwise, this form will only be retained by Centrebus Ltd for so long as it is required in connection with your application.
- By signing this consent you give your express consent to retain and process all the information contained in this form.

Signed _____

Date _____