

Centrebus

Your local bus service provider

I am applying for the Centrebus Driver Training Scheme

I am applying as an experienced bus driver

Full Name :

Home Address:

Home Telephone :

Mobile Telephone :

Sex M / F

Date of Birth :

Smoker Y/N

Driving Licence Information

If you have passed your PCV licence when did you pass?

Entitlement: Category D Category D1 Manual car licence Automatic car licence

Is your licence clean? Y/N

Give details of any points

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 _____

Health Questionnaire

Private and confidential

Ref. No

Date:

Position offered:

Subject to satisfactory health checks)

If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had:	Delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	Yes/No	
Chest pain, heart condition or raised blood pressure?	Yes/No	
Blackouts, fits or attacks of giddiness?	Yes/No	
Depression, mental illness or nervous breakdown?	Yes/No	
Rheumatism or arthritis?	Yes/No	
Back trouble?	Yes/No	
Typhoid, paratyphoid or other infectious disease?	Yes/No	
Digestive or bowel disease?	Yes/No	
Diabetes, thyroid or other gland trouble?	Yes/No	
Bladder or kidney trouble?	Yes/No	
Dermatitis or skin trouble?	Yes/No	
Varicose veins?	Yes/No	
Vision or Hearing problems?	Yes/No	
Any other accident, operation or illness?	Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes/No	
Do you intend to work night duties on a regular basis?	Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	Yes/No	
Any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.	Yes/No	
Do you smoke?	Yes/No	
How many units of alcohol do you drink per week? (1 unit = 1/2 pint beer = 1 glass wine = 1 single whisky	[]	

Equal Opportunity Monitoring

Private and confidential

Position applied for: _____ Ref. No _____

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

I would describe my ethnic group and sex as:- (please tick one box for your ethnic group and one box for your sex).

A) White

English Scottish Welsh Irish
Any other White background, please specify _____

B) Mixed

White and Black Caribbean White and Black African White and Asian
Any other Mixed background, please specify _____

C) Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

Indian Pakistani Bangladeshi
Any other Asian background, please specify _____

D) Black, Black British, Black English, Black Scottish or Black Welsh

Caribbean African
Any other Black background, please specify _____

E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group

Chinese Any other background, please specify _____

F) Sex

Name: _____ Signed _____

Date: _____