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**CONFIDENTIAL**

**APPLICATION FOR THE POST OF: PCV DRIVER/PHV DRIVER/ORDINARY DRIVER/PASSENGER ASSISTANT**

*(Delete as applicable)*

Where did you see the job advertised? (State which newspaper, agency, website, advert on bus etc.)

****

**A. PERSONAL DETAILS**

Mr Mrs Ms Miss

Surname: …………………………………………………………………

Forename(s): ……………………………………………………………

Address: …………………………………………………………………………………………………………………...

………………………………………………….. Postcode: …………………………………………………………..

Time at address month/year ………………………. To month/year…………………………………

(please provide your previous addresses covering the last 5 years on separate page)

Home Tel No: ……………………………………. Mobile Phone No: ……………………………………….

Email: …………………………………………………………….

Current Driving License: YES/NO

Details of Current Endorsements:

Next of Kin Name: ………………………………………….... Relationship: ………………………………………………

Tel No: ……………………………………………………………..

**B. EDUCATION AND TRAINING**

|  |  |  |
| --- | --- | --- |
| **SCHOOLS/COLLEGES** | **DATES** | **QUALIFICATION** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C. EMPLOYMENT HISTORY**

* **Current Employer Details** (If applicable)

Employer Name: ……………………………………………….

Employer Address: ……………………………………………………………………………..

……………………………………………………………………………………………………………

Start Date: ……………………………………….. End Date: ………………………………..

Salary: ……………………………………………… Notice period: …………………………………………

Reason for leaving: ……………………………………………………………………

* **Previous Employer Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Start Date** | **End Date** | **Name & Address of Employer** | **Job Title** | **Wages/****Salary** | **Reason for Leaving** |
|  |  |  |  |  |  |

**If you have any gaps in your employment history please state below explaining the reasons:**

**D. REFERENCES**

Please note the names and address of the two persons from whom we may obtain both work experience and character references.

**EMPLOYER REFERENCE CHARACTER/PERSONAL REFERENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Referee :  |  | Referee:  |  |
| Address: |  | Address: |  |
| Tel No: |  | Tel No: |  |
| Email: |  | Email: |  |

**E. OTHER INFORMATION**

Please supply any additional information which does not fit in the space provided below on a separate sheet and attach to this form:

**F. CRIMINAL RECORD**

Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974.
If none please state:

……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

JSJ

**G. DBS RECORDS**

Have you received any criminal convictions, cautions, court orders, reprimands or warnings since your last CRB/DBS check? If none please state:

……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

Has anyone in your household been barred from working with children by the DBS?

……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

Has anyone living in your household been disqualified from working with children under the children Act 2006?

……………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

JSJ

**H. MEDICAL FITNESS**

Do you have any health concerns that may affect your ability to work with children?
If none please state:

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

JSJ

**I. DATA PROTECTION NOTIFICATION**

**(Please read carefully before signing this application)**

The information you have provided in completing this application form will be used to process your application for employment. The Company will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your/our behalf.

**AUTHORISATION:** I have read the Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 1998.

**Signed: …………………………………. Date: ……………………………………**

JSJ

**J.** I confirm that the above information is correct and that any false or misleading information will give my employer the right to terminate any employment contract offered.

**Signed: …………………………………. Date: ……………………………………**

JSJ

**K.** I also confirm that I am legally entitled to work in the United Kingdom and if interviewed will produce one of the following documents from the list below:-

* A UK passport
* An EU passport or national identity card
* A UK residence permit issued by the Home Office
* An application registration card issued by the home office to an asylum seeker stating that the holder is permitted to take up employment

**Or** two from the following:-

* An official document bearing a national insurance number along with:-

A birth certificate, or

A letter form the Home Office, or

An immigration status document

* A work permit along with:-

A passport, or

A letter from the Home Office

In either case, these must confirm the holder has permission to enter to remain in the UK and take the work permit employment in question.

**Signed: …………………………………. Date: ……………………………………**

**;;;;;;**

**Hjipjupio;j**

**Signed: …………………………………. Date: ……………………………………**

JSJ

**EQUAL OPPORTUNITIES MONITORING FORM**

We strive to be an equal opportunity employer, and our policy on this important subject is contained within our Employee Handbook. Star Bus company will provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

In order to assess how successful this policy is we have set up a system of monitoring all job applications. It would therefore be helpful if you would answer the questions below although you may decline to answer any/all of them if you wish.

**1. GENDER:** MALE FEMALE

**2. AGE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 25 and Under | 25-45 | 45-55 | 55-65 | Over 65 |
|  |  |  |  |  |

**3. MARITAL STATUS:** MARRIED SINGLE OTHER

**4. Do you have responsibility for dependants? (Dependants relates to children, or elderly or other persons for whom you are the main carer.)**

YES NO

 **5. Do you have any disabilities?**

 YES NO ****

 **6. Ethnicity: To which of these groups do you consider you belong? *TICK ONE BOX ONLY ✓***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a) White** |  |  | **c) Asian or Asian British** |  |
|  **British** | **❒** |  |  **Indian** | **❒** |
|  **Irish** | **❒** |  |  **Pakistani** | **❒** |
|  **Other** | **❒** |  |  **Bangladeshi** | **❒** |
|  |  |  |  **Chinese** | **❒** |
| **b) Mixed** |  |  |  **Other** | **❒** |
|  **White and Black Caribbean** | **❒** |  | **d) Black or Black British** |  |
|  **White and Black African** | **❒** |  |  **Caribbean** | **❒** |
|  **White and Asian** | **❒** |  |  **African** | **❒** |
|  **Other** | **❒** |  |  **Other** | **❒** |

**Name: ………………………………………………….. Job Position: ……………………………………**

**Signed: …………………………………………………. Date: ……………………………………………….**

**Hjipjupio; j**

**Signed: …………………………………. Date: ……………………………………**

JSJ

|  |
| --- |
| **It is an offence for a person to drive on a road any vehicle otherwise than in accordance with a licence authorising him to drive it. It is also an offence for a person to cause or permit another person to drive it.** |

|  |  |
| --- | --- |
| This is a declaration that I: |  |
| have had no change in my health, which could affect my entitlement to drive and have no pending conviction, endorsements or disqualifications. In particular:* An epileptic event (seizure or fit)
* Sudden attacks of disabling giddiness, fainting or blackouts
* Severe mental handicap
* A pacemaker, defibrillator or anti-ventricular tachycardia device fitted
* Diabetes controlled by insulin or tablets
* Angina (heart pain) while driving
* Parkinson’s disease
* Any other chronic neurological condition
* A serious problem with memory
* A major or minor stroke
* Any type of brain surgery or tumour
* Severe head injury involving in-patient treatment at hospital
* Any severe psychiatric illness or mental disorder
* Continuing/permanent difficulty in the use of arms or legs
* Dependence on or misuse of alcohol, illicit drugs or chemical substances in the past three years (do not include drink/driving offences)
* Any visual disability that affects both eyes (do not declare short/long sight or colour blindness)
 |
| Also, for vocational licences:* Any heart condition or heart operation
* Any visual problem affecting either eye
 |
| If any of the above affects me I will inform my employer as soon as possible. I understand that I must also inform DVLA by writing to the: Drivers Medical Unit, DVLA, Swansea SA99 1TU. Failure to do so is a criminal offence punishable by a fine of up to £1,000. I will inform my employer of any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive, as soon as possible. I have read and fully understand the above and will comply with what is requested of me. |
| **Name:** |  | **Date:** |  | **Signature:** |  |