

# SOUTHDOWN BUSES

Silverwood, Snow Hill, Copthorne. RH10 3EN

## APPLICATION FOR EMPLOYMENT

Post applied for: \_\_\_\_\_

### Personal details

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Address \_\_\_\_\_

N.I Number \_\_\_\_\_

\_\_\_\_\_

Home Phone No. \_\_\_\_\_

\_\_\_\_\_

Mobile Phone No. \_\_\_\_\_

Postcode \_\_\_\_\_

Marital Status \_\_\_\_\_

Next of Kin Name \_\_\_\_\_

Hobbies & Interests \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code

Telephone \_\_\_\_\_

### Driving Experience and Licence Details

Do you hold a full manual British Licence (please tick)

YES

NO

If yes, how long have you held the licence \_\_\_\_\_

Enter the Driver Number here: \_\_\_\_\_

Do you hold a current PCV licence?

YES

NO

Do you hold a current Drivers CPC?

YES

NO

If yes when does it expire? \_\_\_\_\_

When does your PCV licence expire? \_\_\_\_\_

Does your licence have any restrictions

YES

NO

If 'YES' please give details \_\_\_\_\_

How long have you had a PCV entitlement \_\_\_\_\_

### Motoring offences, criminal convictions and legal proceedings

If this section does not apply to you, please write 'NONE', with the exception of offences that are deemed spent the terms of the rehabilitation of offenders act 1974,

Please give full details. Any false statement may disqualify you from employment, or if discovered after employment has commenced, may render you liable to instant dismissal.

Court Code	Date of conviction	Nature of offence or offence code	Sentence of court, points on licence (include fines)

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## Previous Employment

Please give details covering at least the last two years – if there is insufficient space; please continue on a separate sheet of paper.

**Name of Employer** \_\_\_\_\_ Position held \_\_\_\_\_

Type of Business \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Employed from: \_\_\_\_\_ Until: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Position held \_\_\_\_\_

Type of Business \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Employed from: \_\_\_\_\_ Until: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Position held \_\_\_\_\_

Type of Business \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone No. \_\_\_\_\_

Employed from \_\_\_\_\_ Until: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Medical Information

Do you smoke? YES NO

If you are registered disabled, please state the nature of your disability:

Registered number.....

Have you been absent from work in the past 2 years due to poor health YES/NO

If the answer is yes, please give the number of working days lost \_\_\_\_\_

Even if you are not registered disabled, do you have any disabilities YES/NO

Have you ever had to leave any employment for health reasons YES/NO

Are you receiving a disability pension or an industrial injury benefit YES/NO

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## Are you presently?

- a) On sick leave YES/NO
- b) Under or awaiting treatment from a hospital or GP YES/NO
- c) On any medication or drugs YES/NO

## Have you ever in your life, including childhood, had the following:

- A) Any heart condition YES/NO
- B) Loss of sight or cataract removed YES/NO
- C) Double or tunnel vision YES/NO
- D) Any epileptic attack, stroke or loss of consciousness YES/NO
- E) A drink or drug related problem YES/NO

## Are you being treated, or have you ever been treated, for any of the following:

- A) Angina YES/NO
- B) Medical or nervous disorders YES/NO
- C) Diabetes with insulin injections YES/NO
- D) Back pain YES/NO

## Further information

If you have marked 'YES' in any of the above and have not given details, please do so below. If you have any other medical condition that may affect your ability to work, please give details below.

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Please give a brief statement in support of your application, including details as to why you feel that you are suitable for the post which you are applying

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**Availability**

If you are offered employment by Southdown Buses, when would you be available to start:

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Do you have any holiday booked or have any other commitments?

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DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete & correct and that any untrue or misleading information will give Southdown PSV the right to terminate any employment contract offered.
2. I agree that in signing this form I agree and give permission for a medical examination and/or drugs/alcohol test if required at any time.
3. I agree that should I be successful in this application, I will if required undergo CRB clearance. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of Southdown PSV any offer of employment may be withdrawn or my employment terminated.

Signed.....Dated.....

SD01 12/2016