

Application for Employment as a Driver

Please complete clearly in black ink

Personal details

Surname _____ Title _____
 Address _____ Forenames _____

 _____ Phone No _____
 Postcode _____ Mobile No _____
 Email _____

Driving licence details

Do you hold a full manual British Driving Licence? Yes No Driver Licence Number: _____
 Do you hold a current PCV Licence? Yes No

National Insurance Number _____

Qualifications

Please list any other qualifications you have gained

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 spent under the terms of the Rehabilitation of Offenders Act 1974, please give full details.

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

Please give details of any accident you have been involved in as a driver:

Personal statement

Please give a brief statement in support of your application, including details as to why you believe that you are suitable for this post. Include previous experience where you have worked in a Customer Services environment.

Declaration

The information given by me is correct in every detail. I understand that giving false information could result in my rejection for employment or subsequent dismissal.

Signed _____ Date _____

Please check that you have completed all sections and return to:

jobs@reading-buses.co.uk

or send to: **Academy Manager, Reading Buses, Great Knollys Street, Reading RG1 7HH**

If any sections have not been completed your application will not be considered.

For office use only

References Date Requested _____ Yes / No Interview Date _____ Yes / No
 Assessed By _____ Interviewed By _____
 Medical _____ Yes / No
 Start Date _____ Yes / No

Previous employment

Please give details covering at least the last 10 years.

Most recent

Employer _____ Position held _____
Address _____ Dates of Employment
From _____ To _____
Reason for leaving _____
Postcode _____

Employer _____ Position held _____
Address _____ Dates of Employment
From _____ To _____
Reason for leaving _____
Postcode _____

Employer _____ Position held _____
Address _____ Dates of Employment
From _____ To _____
Reason for leaving _____
Postcode _____

Employer _____ Position held _____
Address _____ Dates of Employment
From _____ To _____
Reason for leaving _____
Postcode _____

Please note that we will take up references from the information supplied above.

Have you ever been dismissed by an Employer?

Yes No

If yes, please give details of the employer, date of employment and reason for dismissal.

Medical information

PCV licence holders are required to meet health criteria specified by the DVLA. Certain medical conditions may preclude people from obtaining or retaining a PCV driving licence. Please answer the questions below.

Do you have a medical condition that affects your ability to carry out your day to day activities? Yes / No

Please give details of the nature of your condition.

If you have a medical condition please provide details of what adjustments you think may be needed to allow you to carry out all the functions of the role applied for. We are committed where possible to make reasonable adjustments.

How many days absence have you had in the last two years? _____

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 any of 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 for any of the following:

- a) Angina and/or other heart problems Yes No
b) Medical disorders including physical or mental conditions Yes No
c) Diabetes with insulin injections Yes No
d) Any back pain necessitating time off work exceeding two weeks Yes No

Further information

If you have ticked 'yes' in any of the above please give details.

