

York Pullman Bus Company Ltd

Application for Employment



Please e-mail to:-

recruitment@yorkpullmanbus.co.uk

Or post to :-

York Pullman Bus Company Ltd

Wetherby Road

Rufforth

York

YO23 3QA

Tel: 01904 622992

Fax: 01904 622993

PERSONAL INFORMATION

1	Position applied for:			
	Date available to take up post:			
2	Personal Details			
	Surname:	Forenames:		
	Address:			
		Post Code:		
	Home Telephone No:	Mobile:		
	Email Address:			
	Date of Birth:	N.I No:		
3	Secondary Education			
	Secondary School Attended	Dates		Examinations Taken
		From	To	Subjects & Results

4	Licence Details	Do you hold a full category-D PSV licence? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Licence Number:	Expiry Date:
	Class of PSV : Full Manual / Auto	Date of Expiry:
5	Do you hold any of the following certificates?	
	First Aid	YES/NO:
	CPC Modules	Please give details:
6	Please give details of any training undertaken or other qualifications you hold:	
7	Do you need a permit to work in the UK?	YES/NO
8	Do you have any endorsements on your licence? <i>Please detail below.</i>	YES/NO

9 Most Recent Employment – Please include a contact name for reference purposes

Employers Name / Address	Position Held	From	To	Reason for Leaving
1.				

Employers Name / Address	Position Held	From	To	Reason for Leaving
2.				

Employers Name / Address	Position Held	From	To	Reason for Leaving
3.				

10 If offered this position will you continue to work in any other capacity? YES/NO
 (If yes please give details)

11 Please give details of membership of any professional organisations.

12 Have you any criminal convictions? If so please provide full details:
(This declaration subject to Rehabilitation of Offenders Act 1974)

13 Medical

A	Height:	
B	Weight:	
C	Are you in good general health? YES/NO	If NO, give details
D	Do you wear spectacles or contact lenses?	YES/NO
E	Please give date of last eyesight test	YES/NO
F	Do you have any other eyesight impairment?	YES/NO
G	Do you have any hearing impairment?	YES/NO
H	Do you smoke?	YES/NO
I	Are you suffering from any medical problem which could affect your ability to drive safely?	YES/NO
J	Have you had any surgery in the past 3years If yes what was the operation for:	YES/NO
K	Are you willing to have a medical examination	YES/NO

14 Equal Opportunity Policy

It is our policy to provide equal opportunities for the development and advancement of employees, including training and promotion and not to discriminate against any person because of race, colour, nationality, sex or marital status.

15 Declarations by Applicant

I authorise the company to references in support of this application once an offer of employment has been made and accepted, I release the company and referees from any liability caused by giving and receiving information.

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I acknowledge that any false statement may be sufficient for rejection of the applicant or if employed, dismissal.

Signature Date

FOR OFFICE USE ONLY

Interview YES/NO

Interview date Time

Interviewed by

Practical Driving Test carried out by.....

Recommendations and Remarks

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