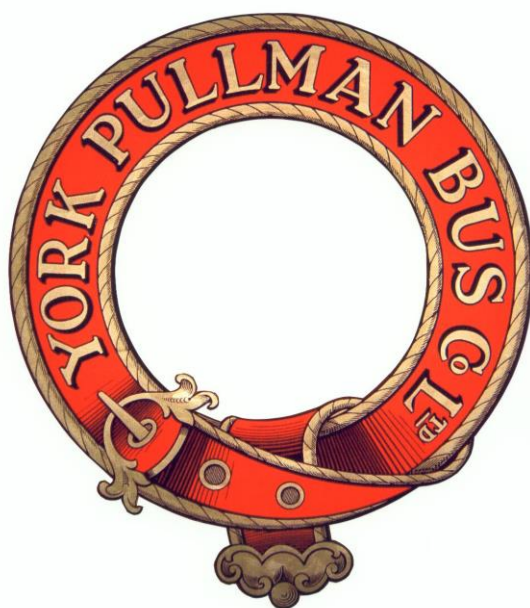




York Pullman Bus Company Ltd

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

PERSONAL INFORMATION

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

4	Licence Details	
	<i>Do you hold a full PCV (Category D) driver's licence?</i>	<i>YES / NO</i>
	<i>Driver licence Number:</i>	<i>Licence [4B] Expiry Date:</i>
	<i>Class of PCV licence :</i>	<i>Full Manual / Full Auto</i>
	<i>Date of test pass [Cat D]:</i>	<i>Date of expiry [Cat D]:</i>
5	Do you hold a current DQC (CPC) card	<i>YES/NO:</i>
	<i>Date of expiry of DQC card:</i>	
	Do you hold a current digital tachograph card?	<i>YES/NO</i>
	<i>Date of expiry of digital tachograph card:</i>	
6	Please give details of any training undertaken or other relevant qualifications you hold:	
7	Do you need a permit to work in the UK?	<i>YES / NO</i>
8	DRIVER LICENCING	
	Do you have any endorsements on your licence?	<i>YES / NO</i>
	Please detail any endorsements in the past 5 years/10 years for drink/drug/dangerous driving offences.	
	Please detail any/all accidents or claims within the past 3 years.	
	Have you ever been disqualified from driving?	<i>YES / NO</i>
	If yes please provide details;	

9. Previous Employment Details. Please detail as many as possible or appropriate.				
Employers Name / Address	Position Held	From	To	Reason for Leaving

10 If offered this position will you continue to work elsewhere as well? YES/NO

(If yes please give details)

11 Please tell us why you would like to work for York Pullman?

What would be your ideal role in our Company or industry?

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

13	MEDICAL HISTORY	
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	
F	Do you have any other eyesight impairment?	YES/NO
G	Do you have any hearing impairment?	YES/NO
H	Smoker/non-smoker	Smoker / non-smoker
I	Are you suffering from any medical problem which could affect your ability to drive safely?	YES/NO
J	Have you had any relevant surgery in the past three years	YES/NO If YES please provide details:
K	Are you willing to complete a vocational driver medical if requested to do so?	YES/NO

14. Please provide names and contact details for two referees, at least one of which should be a previous employer or similar industry professional who has knowledge of you personally.

1: _____

2: _____

15 Equal Opportunity Policy

It is the policy of York Pullman Bus Company Limited and all subsidiary Group Companies to provide equal opportunities for the development and advancement of employees, including training and promotion, and not to discriminate against any person because of disability, race, nationality, gender, religion or marital status, or for any other reason.

15 Declarations by Applicant

"I authorise the company to obtain 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".

Applicant signature **Date**

OFFICE USE ONLY

Interview YES/NO

Interview date Time

Interviewed by

Practical Driving Assessment carried out by.....

Interviewer's Notes, Recommendations and Remarks;