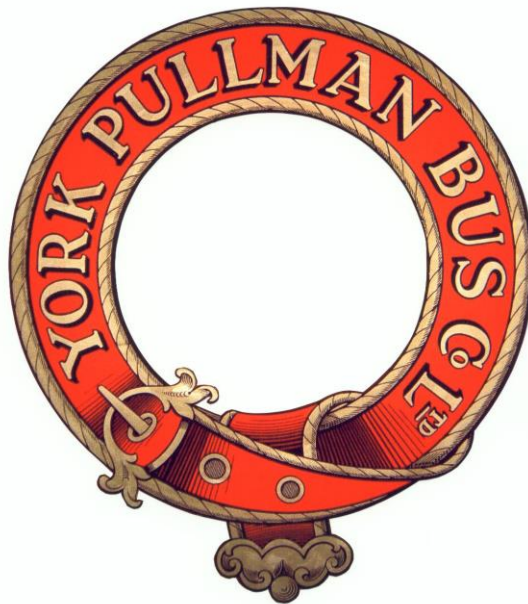


Name:

# York Pullman Bus Company Ltd

## Application for Employment



*Please e-mail to:-*

[recruitment@yorkpullmanbus.co.uk](mailto:recruitment@yorkpullmanbus.co.uk)

*Or post to :-*

York Pullman Bus Company Ltd

Wetherby Road

Rufforth

York

YO23 3QA

Tel: 01904 622992

PERSONAL INFORMATION
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	<b>Position applied for:</b>			
	<b>Date available to take up post:</b>			
	<b>Personal Details</b>			
	<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>		
	<i>Marital status:</i>			
	<b>Secondary Education</b>			
	<b>School/Further Education Attended</b>	<b>Dates</b>		<b>Examinations Taken/Grades</b>
		<b>From</b>	<b>To</b>	

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



	<b>MEDICAL HISTORY</b>	
A	Height:	
B	Weight:	
C	Are you in good general health?	YES / NO If NO, please provide details
D	Do you wear spectacles or contact lenses?	YES/NO
E	Please give date of last eyesight test, if known	
F	Do you have any eyesight impairment (other than short/long sight)?	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 you have to notify DVLA about?	YES/NO
J	Have you had any surgery or other procedures that are relevant to driving 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

<p>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.</p> <p>1: _____</p> <p>2: _____</p>
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### Equal Opportunity Policy

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

### Declaration 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;