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# Application for Employment **DRIVER**

Please answer all questions in full

Applications which are not completed in full will not be processed

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Have you ever applied for employment with,  Heritage or other affiliated compa	I I Vac I I Na I					
Personal Information						
Title Surname	Forename(s):					
Previous Name(s)	Are you eligible to work in the UK?  Yes  No					
	Please indicate review date if this is not indefinite					
Address Line 1	I loade maisate review date if the first massimile					
	National Insurance Number					
Address Line 2						
Town	Home Telephone Number					
Town	Tionie Telephone Number					
County	Mobile Telephone Number					
Postcode	Email Address (optional)					
Ostcode	Linaii Address (optional)					
Driver Licens	ee Information					
Do you have UK PCV Entitlement? Yes No	Do you have a Drivers CPC?					
Date passed Expiry Date	Yes No Partial					
Driver Number	If Yes what is the expiry date					
Please provide details of where PCV training undertaken	If partial please provide details of where training was					
	undertaken and how many hours completed					
Are their any endorsements on your licence?	es No If 'YES' please provide details					
Date of Offence Convictions	Penalty or No. of points					
Are you subject to any pending motoring offences?	Yes No If 'YES' please provide details					
Date of Offence Notice of Offence						
Llava yay ayar baan rafuaad a liaanaa ay antiilana	□ Vec □ Ne					
Have you ever been refused a licence or entitlement?	Yes No If 'YES', on what grounds					
Have you ever been disqualified or banned from driving?	Yes No If 'YES', on what grounds					

Please give deta	-		blameworthy ond details and			-				in the	e last five
	years. me	ade dates a	na actans ana	continue	on sope	arate or		Joseph	у.		
		Convict	ions and	Lega	l Pro	ceed	lings				
With the exception of any criminal or conception you should ered for employment monses write monses write monses write monses exempt from the these locations prior form or attend an ir will only be used which we have to accomplish the conception of the conception	court martial cond note that if yount or, if already ext. We have a ce Mehabilitation or to the commenterview. Full gonen considering there to. Should	nvictions. Plea u have failed to engaged, you contractual requoint of Offenders incement of en uidance notes if your suitability	se enter details o give relevant pur will be liable to uirement with so Act 1973+. As a nployment. If showill be issued. Act for the post the view the Code it is	of any ou particulars to instant ome local result, a ( ort listed, a Any informat you ha is available	utstanding or should dismissate authorities Criminal I applicant mation district on the	g Summ Id you g Il. If you es to ope Records s may the sclosed ed for. The	nons or Propertive false per have no serate school Bureau (Concretore betwill be kepene CRB harbsite, or a	osecuti articula convict ol servi CRB) ch e asked ot in the ave pro Iternati	on. Beforms you with the control of the control of the compensations of the compensations of the control of the	ore an vill no outsta cheir be ur plete a con Code	swering the t be consid- anding sum- behalf which indertaken in a disclosure fidence and a of Practice
Date of Offence	Date of Conv	riction Natur	e of Offence				Sentence	or Co	urt Orde	er	
Mauld var aking	-4 4 a b a alcon	es and abasel	. 40. 00.0040!u	"			"2				
Would you object	ct to a backgi		al Educa	<u> </u>					es		No
Please include	any full/part t							d voca	itional c	ualifi	cations.
Subjects studied/cours	se title	Qualification a	chieved	G	Grade	Course I	Date From		Course	Date T	ō

#### **Employment Details**

Please include details of present or most recent employment and all employment over the **last seven years** as well as all previous PCV operation employment. Include any periods of voluntary work, caring, homemaking or unemployment in this section, including work abroad, with dates. References will be sought from previous employers.

Current or Most Recent (state full address and pos	stcode)			
Employer name	Job title of position held			
Employer address	Duties			
Name & title of supervisor	Date started	Date finished		
	Salary			
Reason for leaving	Calaly			
If you have had more than 3 employers in the last 7 ye  Previous Employment (1) (state full address and p		on separate sheet.		
Employer name	Job title of position held			
Employer address	Duties			
Name & title of supervisor	Date started	Date finished		
	Salary			
Reason for leaving				
Previous Employment (2) (state full address and p	ostcode)			
Employer name	Job title of position held			
Employer address	Duties			
Name & title of supervisor	Date started	Date finished		
	Salary			
Reason for leaving	Calary			

### Previous Employment (3) (state full address and postcode) **Employer** name Job title of position held **Employer address Duties** Name & title of supervisor Date started Date finished Salary Reason for leaving Referees We will request references from previous employers. However, if you have been self-employed, please give details of your accountant(s) in the space(s) provided below Name of Employer or Accountant Name of Employer or Accountant Title / Position Title / Position Company Name Company Name Address Address Telephone Number Telephone Number At this stage, do we have permission to contact your references & referees? Yes No If NOqplease indicate when it would be acceptable (eg. on provisional offer of job) **Declaration and Validity** I declare that the information provided on this application for is, to my knowledge true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be discharged from employment with Executive Drivers. With the exception of offences which are "spent" under the terms of the "ROA 1974" I have included details of criminal or court martial convictions including driving convictions. I understand that it may be necessary, at some locations,

to undergo a CRB check which will ask exempted questions under the "ROA 1974" and will show offences that are "spent" under the act. I am legally entitled to take paid employment in the United Kingdon. I consent to Executive Drivers seeking references from previous employers.

Yes No Date Signature

#### Information

The following two pages are the Medical form and form for Bank Details. The medical form is mandatory but Bank Details can wait to be completed until a later date.

## **MEDICAL INFORMATION**

	Section A							
Name	Imperial		Metric					
Age	Please choose imperial or ft in metric measurements	OR		m cm				
	st lb			kg				
	Section B							
Have you ever in your life, including your childhood, had any of the following?								
	Any heart condition		Yes	No				
	Loss of sight or cataract removed		Yes	☐ No				
	Double or tunnel vision		Yes	No				
	Any epileptic attack, stroke or loss of consciousness		Yes	☐ No				
	Cough Syncope or similar condition		Yes	□ No				
	Drink problem		Yes	□ No				
	Drug addiction		Yes	□ No				
			100					
Arov	Section C							
Ale y	ou being treated for any of the following?		Yes	□ No				
	Angina		Yes	□ No				
	Medical or nervous disorders							
	Diabetes with insulin injections		Yes	∐ No				
	Section D		V	□ Na				
	Have you stayed away from work or school in the past year?		Yes	∐ No				
	Have you consulted a doctor in the past year?		Yes	∐ No				
	Have you any permanent disability?		Yes	No				
	Section E							
-	have answered YES in any of the boxes or if you have an	y othe	r medi	ical conditions				
which	n may affect your ability to work, please give particulars:							
	Section F							
•	have any other medical condition not listed above which	•	-					
work	or drive a bus (eg. Hearing or eyesight impairment) please	give p	particu	ulars:				