

APPLICATION FORM						
ABOUT YOU						
Title:	First Name:	Surname:				
Address:		Home Tel:				
		Mobile Tel	:			
Email Address:		,				
	you provide to show that you ard Immigration Act 1996? (please	• . •	work in the UK in accordance			
NI Number	Passport P60 UK B	irth Certificate	Other			
If you are not UK or	EU national please give your wo	ork permit number:				
	PRESENT EMPLO	DYMENT DETA	ILS			
Please g	give details of your present or mo	ost recent employme	ent (present post first)			
Title of post held						
Name of employer						
Address of employe	r					
Dates employed from	m	Date employed to				
Reason for leaving						
SECOND JOB DETAILS (if applicable)						
Considering the Working Time Directive, please give details of any secondary paid jobs you have						
Title of post held						
Name of employer						
Address of employe	r					
Date employed from	1	Date employed to				
Average number of hours worked per week?						

PREVIOUS EMPLOYMENT DETAILS							
Title of post	held						
Name of emp	ployer						
Address of e	mployer						
Date employ	ed from		Date employed to				
Reason for	leaving						
	Pleas	e continue you	ur employment	t details or	a separate sheet if	necessary	
		VOLU	JNTARY /	UNPAIC	ACTIVITIES		
Time Input	me Input Position Held		Organisation		Brief details of duties		
		EDU	ICATIONAL	L QUAL	IFICATIONS		
School/Colle	ege etc	Date from	Date to	Qualification gained (O level/ CSE/ GCSE/ A level/ BTEC/ degree etc		Grade/ Result	
Organisa	tion	Date from	Date to	Other qualifications			

DRIVING LICENCE INFORMATION						
What type of PCV licence do you h	old: Manual Auto	matic	Date from:			
Licence number:						
Additional categories held: C (HGV) CE (Articulated) DE (Coach+trailer)						
Has your licence, or category within it (PCV/HGV), ever been refused or revoked? If yes, please give details						
Do you have any motoring offences pending? If yes, please give details						
Do you have any current points/ endorsements (past 5 years) on your licence? If yes, please give details Date: Offence: Endorsement:						
Do you hold a CPC card?		Expiry D	ate:			
Do you hold a Digital Tachograph card? Expiry Da			ate:			
Do you hold any additional driving qualifications? If yes, please give details						
	FITNESS TO I	ORIVE				
PCV regulations require that you pass a vocational medical examination to prove your fitness to drive large vehicles. Have you undergone a PCV medical examination?			YES	NO		
If you have not had a PCV medical your 'Fitness to Drive' may be affected if you suffer with any of the conditions listed below.						
Diabetes	Any eye condition		Giddiness			
Fits/ Blackouts	Any Heart condition		Stroke			
Epilepsy	Sleep Apnoea Syndrome		Any Chronic Neurological condition			
Narcolepsy Any persisting limb problem		Parkinson's Disease				
Do you suffer with any of these conditions?			YES	NO		
Are you taking any medication which may affect your 'Fitness to Drive'?			YES	NO		

DBS DISCLOSURE

Due to the nature of the work you will be undertaking you will be subject to an enhanced DBS police check. It is important that you complete the following section correctly.

Are there any criminal cases pending against you or have you ever been convicted or cautioned in relation to any crime?

YES NO

If you have answered yes please give brief details:

REFERENCES

Please provide details so we may obtain two references. One reference must be from your current or most recent employer. Please avoid using relatives or friends for the second reference.

- ,	
Name:	Name:
Address:	Address:
Position Held:	Position Held:
Telephone:	Telephone:
Email:	Email:
May your referee be approached prior to interview? YES NO	May your referee be approached prior to interview? YES NO

DECLARATION

I declare that the statements I have made on the application are, to the best of my knowledge, true and complete. I understand that Coastal and Country Coaches Ltd reserves the right to withdraw any offer of employment or to terminate any employment already commenced if the information given by me is deliberately incorrect or misleading in any way. I understand that my employment is subject to receipt of two references, DBS disclosure, driving licence and medical checks being satisfactory to Coastal and Country Coaches Ltd. Data Protection Act: the information given to us in this form will only be used in relation to your application for employment. By signing this declaration you are giving Coastal and Country Coaches Ltd your express consent to retain this information under Data Protection Act 1998.

What date could	you tak	e up position	if appointed:
-----------------	---------	---------------	---------------

Signed:	Date:

PRINT NAME:

Office Use

Reference 1	Reference 2	DBS	Driving Licence	Medical