

# Ensignbus

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

SURNAME:

FIRST NAME(S):

ADDRESS:

  
  

POSTCODE:

TELEPHONE N<sup>o</sup>:

QUALIFICATIONS:

  

DATE OF PASSING P.C.V. TEST:

  

LICENCE N<sup>o</sup>:

DATE OF EXPIRY:

GROUPS:

LIST BELOW ANY MOTORING CONVICTIONS, PAST OR PENDING DURING THE PAST 5 YEARS

DATE OF CONVICTION	OFFENCE CODE	DATE OF OFFENCE	FINE £	DISQUAL PERIOD

LIST BELOW ANY CRIMINAL CONVICTIONS NOT COVERED BY THE REHABILITATION OF OFFENDERS ACT, 1974

OFFENCE	COURT	DATE OF CONVICTION	PENALTY

DETAILS OF PREVIOUS EMPLOYMENT & PERIODS OF UNEMPLOYMENT FOR LAST 5 YEARS - Current

EMPLOYERS NAME & ADDRESS	FROM	TO	REASON FOR LEAVING

IS THERE ANY PERIOD BETWEEN JOBS (OR LONG ABSENCE FROM WORK WHILST IN EMPLOYMENT) DUE TO ILL HEALTH. GIVE DETAILS

DO YOU HAVE ANY HOLIDAY COMMITMENTS? IF SO, GIVE DETAILS:

FROM:

TO:

INTERVIEWED BY:

DATE:

ENGAGED/NOT ENGAGED:

DATE OF COMMENCEMENT

HOURLY RATE:

I ACKNOWLEDGE RECEIPT OF EMPLOYEES INFORMATION PACK

EMPLOYEE TO SIGN:

DATE:

## MEDICAL INFORMATION

HEIGHT:	FT	INS	/		CMS
WEIGHT:	STONE	LBS	/		KGS
AGE:				DATE OF BIRTH:	

ARE YOU DISABLED?    YES     NO     REGISTERED NUMBER:     DATE OF EXPIRY:

NATURE OF DISABILITY:

HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING HEALTH COMPLAINTS?

DERMATITIS / ECZEMA	<input type="checkbox"/>	SCLEROSIS	<input type="checkbox"/>
SKIN CANCER	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>
ULCERS (E.G. GASTRIC, DUODENAL)	<input type="checkbox"/>	RHEUMATISM	<input type="checkbox"/>
DEAFNESS	<input type="checkbox"/>	ARTHRITIS	<input type="checkbox"/>
EAR INFECTION	<input type="checkbox"/>	FIBROSIS	<input type="checkbox"/>
SINUSITIS	<input type="checkbox"/>	FITS (E.G. EPILEPTIC)	<input type="checkbox"/>
CHEST TROUBLE	<input type="checkbox"/>	FAINTING ATTACKS/GIDDINESS	<input type="checkbox"/>
BRONCHITIS	<input type="checkbox"/>	BACK TROUBLE	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	MIGRAINE	<input type="checkbox"/>
T.B	<input type="checkbox"/>	NERVOUS BREAKDOWN	<input type="checkbox"/>
RHEUMATIC FEVER	<input type="checkbox"/>	MENTAL DISORDERS	<input type="checkbox"/>
HEART TROUBLE	<input type="checkbox"/>		

IF YOU HAVE TICKED ANY OF THE ABOVE, PLEASE GIVE DATES AND BRIEF DETAILS (E.G. ISOLATED OR RECURRING COMPLAINT)

DO YOU WEAR SPECTACLES/CONTACT LENSES AT WORK? IF YES PLEASE SPECIFY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
HAVE YOU HAD ANY SERIOUS ACCIDENTS AT WORK? IF YES PLEASE GIVE DETAILS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
ARE YOU CURRENTLY RECEIVING ANY MEDICAL TREATMENT? IF YES PLEASE GIVE DETAILS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input style="width: 100%;" type="text"/>

FAMILY GP (NAME):

PRACTICE:

ADDRESS:

DO YOU GIVE YOUR CONSENT FOR YOUR G.P. TO SUPPLY DETAILS OF YOUR RELEVANT MEDICAL HISTORY?    YES     NO

WOULD YOU BE WILLING TO HAVE A MEDICAL EXAMINATION IF DEEMED NECESSARY?    YES     NO

## VOCATIONAL QUALIFICATIONS & OTHER SKILLS

PLEASE GIVE DETAILS OF ANY OTHER SKILLS/QUALIFICATIONS (FOR EXAMPLE FORK LIFT TRUCK ACCREDITED LICENCE, FIRST AID CERTIFICATE ETC)

## FURTHER INFORMATION

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION AND/OR OUTLINE THE REASONS YOU WOULD LIKE TO WORK FOR ENSIGNBUS. YOU SHOULD ALSO USE THIS SPACE TO GIVE ANY RELEVANT INFORMATION WHICH MAY HAVE A BEARING ON YOUR SUITABILITY TO BE A PCV DRIVER. YOU MAY LIKE TO INCLUDE DETAILS OF ANY EXPERIENCE OF DEALING WITH MEMBERS OF THE PUBLIC, HANDLING CASH, HOBBIES AND INTERESTS, INCLUDING MEMBERSHIPS OF CLUBS AND SOCIETIES AND ANY PERSONAL ACHIEVEMENTS YOU ARE PROUD OF. (PLEASE USE AN ADDITIONAL SHEET OF PAPER IF REQUIRED AND ATTACH TO THE APPLICATION FORM).

HOW DID YOU HEAR ABOUT THIS VACANCY?

## REFERENCES

WE WILL REQUEST REFERENCES FROM PREVIOUS EMPLOYERS, PLEASE GIVE DETAILS IN THE SPACE (S) PROVIDED

NAME OF REFEREE:		NAME OF REFEREE:	
TITLE/POSITION:		TITLE/POSITION:	
COMPANY NAME:		COMPANY NAME:	
ADDRESS:		ADDRESS:	
TEL:		TEL:	
	FAX:		FAX:

AT THIS STAGE DO WE HAVE PERMISSION TO CONTACT YOUR REFEREES? IF 'NO' PLEASE INDICATE WHEN IT WOULD BE ACCEPTABLE (EG, ON PROVISIONAL OFFER OF JOB):

YES  NO

## DECLARATION AND VALIDITY

I DECLARE THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS CORRECT AND UNDERSTAND THAT IF ANY ADVERSE FACTS COME TO THE NOTICE OF THE COMPANY THEN THERE MAY BE GROUNDS FOR DISMISSAL.

PRINT NAME:

SIGNATURE:

DATE:

WHEN COMPLETED, PLEASE RETURN THIS FORM TO:

**JON LUPTON**  
ENSIGN BUS COMPANY LIMITED,  
JULIETTE CLOSE, PURFLEET INDUSTRIAL PARK, PURFLEET, ESSEX RM15 4YF  
TEL: 01708 865656 | FAX : 01708 864340