

BANSTEAD COACHES LIMITED

Moving in the right Direction

Application for Employment

Please e-mail completed to:- jobs@bansteadcoaches.co.uk

Or post to :-
Banstead Coaches Limited
1 Shrubland Road
Banstead
Surrey
SM72ES
Tel: 01737 354 322

PERSONAL INFORMATION	
POSITION APPLIED FOR:	
Date Available to Start:	
PERSONAL DETAILS	
SURNAME :	
FORENAME:	
ADDRESS:	
POSTCODE:	
HOME TELEPHONE NUMBER:	
MOBILE:	

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EMAIL ADDRESS:	
DATE OF BIRTH:	
N.I NUMBER:	
LICENCE DETAILS	
Do you hold a full category-D PSV Licence? (Please tick your answer)	YES <input type="checkbox"/> NO <input type="checkbox"/>
LICENCE NUMBER:	
EXPIRY DATE:	
CLASS OF PSV: FULL MANUAL OR AUTO?	
DATE OF EXPIRY:	
DO YOU HOLD ANY OF THE FOLLOWING CERTIFICATES?	
FIRST AID (Circle Answer)	YES / NO
CPC MODULES (Circle Answer)	YES / NO
Please give further details:	
Details of any training undertaken or other qualifications you hold:	

Banstead Coaches Limited, 1 Shrubland Road Banstead, Surrey, SM7 2ES, United Kingdom

www.bansteadcoaches.co.uk | sales@bansteadcoaches.co.uk

Company Registration Number: (Registered in England) : 618443

VAT Registered: 209608854

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DO YOU NEED A PERMIT TO WORK IN THE UK? (Circle Answer) Please give further details:	YES / NO
DO YOU HAVE ANY ENSORSEMENTS ON YOUR LICENCE? (Circle Answer) Please give further details:	YES / NO
MOST RECENT EMPLOYMENT	
EMPLOYERS NAME:	
EMPLOYERS ADDRESS:	
CONTACT FOR REFERENCE:	
POSITION HELD:	
DATES OF POSITION HELD: (FROM AND TO)	
REASON FOR LEAVING:	

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<p>IF OFFERED THIS POSITION WILL YOU CONTINUE TO WORK IN ANY OTHER CAPACITY? (CIRCLE ANSWER)</p> <p>If yes; please give details:</p>	<p>YES / NO</p>
<p>HAVE YOU ANY CRIMINAL CONVICTIONS? IF SO PLEASE PROVIDE FULL DETAILS. (THIS DECLARATION IS SUBJECT TO REHABILITATION OF OFFENDERS ACT 1974)</p>	
MEDICAL INFORMATION	
<p>ARE YOU IN GOOD GENERAL HEALTH? (CIRCLE ANSWER)</p>	<p>YES / NO</p>
<p>DO YOU WEAR SPECTACLES OR CONTACT LENSES?</p>	<p>YES / NO</p>
<p>PLEASE GIVE DATE OF LAST EYESIGHT TEST:</p>	
<p>DO YOU HAVE ANY OTHER EYESIGHT IMPAIRMENT?</p>	
<p>DO YOU HAVE ANY HEARING IMPAIRMENT?</p>	<p>YES / NO</p>
<p>DO YOU SMOKE?</p>	<p>YES / NO</p>
<p>ARE YOU SUFFERING FROM ANY MEDICAL PROBLEM WHICH COULD AFFECT YOUR ABILITY TO DRIVE SAFELY?</p>	<p>YES / NO</p>
<p>HAVE YOU HAD ANY SURGERY IN THE PAST 3 YEARS?</p> <p>IF YES WHAT WAS THE OPERATION FOR:</p>	<p>YES / NO</p>
<p>ARE YOU WILLING TO HAVE A MEDICAL EXAMINATION?</p>	<p>YES / NO</p>

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EQUAL OPPORTUNITY POLICY

It is our policy to provide equal opportunities for the development and advancement of employees, including training and promotion and not to discriminate against any person because of race, colour, nationality, sex or marital status.

DECLARATIONS BY APPLICANT

I authorise the company to 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.

SIGNATURE: _____ DATE: _____

NAME PRINTED: _____

FOR OFFICE USE ONLY

Interview YES / NO

Interview date Time

Interviewed by

Practical Driving Test carried out by..... Date

Recommendations and Remarks

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