

Sanders Coaches Ltd

EMPLOYMENT APPLICATION

DATE RECEIVED	INTERVIEW	START DATE	
POSITION APPLIED FOR			
ABOUT YOU			
TITLE			CONTACT DETAILS
FORENAMES			HOME PHONE NUMBER
SURNAME			
ADDRESS			MOBILE NUMBER
			EMAIL ADDRESS
	POSTCODE		
DATE OF BIRTH* optional		HEIGHT (APPROX)	
PLACE OF BIRTH		WEIGHT (APPROX)	
NATIONAL INSURANCE NUMBER			
BRITISH DRIVING LICENSE NO.	CAR LICENSE HELD SINCE	PCV LICENSE HELD SINCE	DCPC HOURS
IS YOUR LICENSE FREE FROM ENDORSMENTS?	YES	NO	IF 'NO' PLEASE LIST BELOW

CURRENT EMPLOYMENT			
COMPANY NAME		YOUR START DATE	
POSITION HELD		WAGE/SALARY RATE	
REASON FOR LEAVING		NOTICE PERIOD	
PREVIOUS EMPLOYMENT			
COMPANY NAME		YOUR START DATE	
POSITION HELD		LEAVING DATE	
REASON FOR LEAVING			
COMPANY NAME		YOUR START DATE	
POSITION HELD		LEAVING DATE	
REASON FOR LEAVING			
AN OFFER OF EMPLOYMENT MAY BE SUBJECT TO SATISFACTORY WRITTEN REFERENCES. PLEASE LIST THE NAMES AND CONTACT DETAILS OF TWO REFEREES BELOW, ONE OF WHICH MUST BE YOUR PRESENT EMPLOYER.			
NAME		NAME	
POSITION		POSITION	
COMPANY		COMPANY	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	
CAN WE CONTACT PRIOR TO OFFER OF EMPLOYMENT		CAN WE CONTACT PRIOR TO OFFER OF EMPLOYMENT	
YES	NO	YES	NO

EDUCATION

UNIVERSITY (LEAVE BLANK IF NOT APPLICABLE)			
FROM		EXAMS PASSED AND GRADES	
TO			
COLLEGE (LEAVE BLANK IF NOT APPLICABLE)			
FROM		EXAMS PASSED AND GRADES	
TO			
SECONDARY/HIGH SCHOOL			
FROM		EXAMS PASSED AND GRADES	
TO			

DO YOU HAVE ANY OTHER RELEVANT SKILLS OR QUALIFICATIONS WHICH MAY BE RELEVANT?

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YOUR HEALTH

DO YOU WEAR GLASSES?	YES		NO		DO YOU WEAR CONTACT LENSES	YES		NO	
HAVE YOU EVER SUFFERED FROM ALCOHOL OR DRUG PROBLEMS					YES		NO		
DO YOU SMOKE CIGARETTES, CIGARS, A PIPE OR E-CIGARETTES?					YES		NO		
DO YOU SUFFER FROM DERMATITIS OR ANY OTHER SKIN PROBLEM?					YES		NO		
HOW MANY DAYS OFF WORK HAVE YOU HAD THROUGH SICKNESS OR OTHER ABSENCES EXCLUDING HOLIDAYS IN THE LAST 12 MONTHS?									
DO YOU HAVE ANY CONDITION, INJURY OR HEALTH PROBLEM THAT MAY AFFECT YOUR ABILITY TO PERFORM THE DUTIES RELATING TO THE ROLE YOU ARE APPLYING					YES		NO		
ARE YOU TAKING ANY MEDICATION WHICH MAY EFFECT YOUR ABILITY TO SATISFACTORILY CARRY OUT THE ROLE YOU ARE APPLYING FOR?					YES		NO		
DO YOU HAVE A HEALTH PROBLEM THAT MAY AMOUNT TO A DISABILITY?					YES		NO		

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS PLEASE PROVIDE DETAILS BELOW

YOUR INTERESTS AND HOBBIES

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CONVICTIONS AND LEGAL PROCEEDINGS

Except for offences which are 'spent' under the terms of The Rehabilitation of Offenders Act 1974, please list any court convictions. Driving offences resulting in points must be included. Also any details of outstanding summons or prosecutions or any attachment of earnings order made against you. Write 'NONE' if you have no convictions or outstanding summons. Making a false statement will disqualify you from employment, or if discovered after employment has commenced, will render you liable to instant dismissal.

Please note in the event of being offered a position, a criminal record disclosure will be requested from the Disclosure and Barring Service. The possession of a valid Norfolk County Council DBS badge is a requirement of employment at SANDERS COACHES.

Please note a criminal record does not necessarily mean your application will be unsuccessful.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?					YES		NO	
DATE	NATURE OF OFFENCE			SENTENCE OR COURT ORDER				

DECLARATION

ALL DETAILS GIVEN ABOVE IS TRUE AND I UNDERSTAND THAT GIVING FALSE OR MISLEADING INFORMATION COULD RESULT IN REJECTION FOR POTENTIAL EMPLOYMENT OR SUBSEQUENT DISMISSAL.

SIGNATURE	PRINT NAME	DATE

Please post to : Sanders Coaches Ltd Hempstead road industrial estate, Heath Drive, Holt, Norfolk, NR25 6ER