

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	
TO		AND GRADES	
COLLEGE (LEAVE BLANK IF NOT APPLICABLE)			
FROM		EXAMS PASSED	
TO		AND GRADES	
SECONDARY/HIGH SCHOOL			
FROM		EXAMS PASSED	
TO		AND GRADES	
DO YOU HAVE ANY OTHER RELEVANT SKILLS OR QUALIFICATIONS WHICH MAY BE RELEVANT?			
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			
CONVICTIONS AND LEGAL PROCEEDINGS			
<p>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.</p> <p>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.</p> <p>Please note a criminal record does not necessarily mean your application will be unsuccessful.</p>			
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			