

# EMPLOYMENT APPLICATION FORM



Please clearly complete the form below.

## 1.0 APPLICANT DETAILS:

APPLICANT NAME:			
APPLICANT ADDRESS:			
Post code:			
APPLICANT DATE OF BIRTH:			
APPLICANT CONTACT DETAILS :	Home Telephone:		
	Mobile:		
	E-mail address:		
APPLICANT DBS NUMBER:			
VACANCY APPLIED FOR:			
<i>If you are not applying for a driving position then please go to section 5.0 of this form.</i>			

## 2.0 DRIVING LICENSE DETAILS:

APPLICANT DRIVING LICENSE NUMBER (if applicable):			
IF APPLYING FOR A PCV DRIVING POST – Type of license held (Manual/Automatic):			
IF APPLYING FOR A PCV DRIVING POST – How long have you held your license (in years):			
ANY PREVIOUS CONVICTIONS OR OFFENCES (please describe below if any):			
ANY NOTIFIABLE MEDICAL CONDITIONS / DISABILITIES WHICH MAY AFFECT YOUR DRIVING e.g. epilepsy, strokes and other neurological conditions, mental health problems, physical disabilities and visual impairments (please describe below if any):			

## 3.0 DRIVER CPC DETAILS (legal requirement from 10 September 2013):

Have you qualified to Driver CPC standards?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If yes please complete below / If no please go to section 4.0.</i>				
4a Date on card	<input type="text"/>	4b Date on card	<input type="text"/>	Card issue no'

## 4.0 DRIVER DIGITAL TACHOGRAPH CARD

Do you have a driver digital tachograph card?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please provide number (shown on back of card)	<input type="text"/>			

**5.0 PREVIOUS EMPLOYER CONTACT DETAILS:**

PREVIOUS EMPLOYER:

PREVIOUS EMPLOYER ADDRESS:

Post code:

CONTACT NAME IN ORGANISATION:

PREVIOUS EMPLOYER CONTACT DETAILS:	Office Telephone:	
	Mobile Telephone:	
	Office E-mail:	

**6.0 PREVIOUS EXPERIENCE (please continue on additional sheet if required and/or attach a curriculum vitae):**

Please continue on separate sheet and attach to this form on submission.

**7.0 REFERENCES (please provide a maximum of two referees):**

Names of referees:

1)		2)	
----	--	----	--

Referees contact details:

1)	Address	2)	Address

Office Telephone:		Office Telephone:	
Mobile Telephone:		Mobile Telephone:	
Office E-mail:		Office E-mail:	

**8.0 APPLICATION FORM DECLARATION:**

By signing the box on the right I hereby confirm and declare that the information given on this form is true and correct.

**OFFICE USE**

Notes:

Lloyds Coaches reserve the right to contact the previous employer and referee(s) declared above on receiving this form from the applicant. Employment with Lloyds Coaches will be the subject to work availability & to an initial three month trial period if employed. Employees of the company will abide with the company's Employee handbook and present drivers regulations that are in place. Information provided herein is strictly confidential.

On receiving applications all suitable candidates will be invited to an interview together with a short driving assessment to assess suitability. If you are invited to an interview you will need to bring with you your driving license (card and paper copies), driver CPC card, completed and current DBS (with reference number), Digital Tachograph card (if issued).

Further details are available via the company on 01654 702 100. You can also contact/submit your application and supporting documentation to the company via e-mail : swyddi@lloydscoaches.com / jobs@lloydscoaches.com .