

Application for Employment

> Please complete in BLOCK CAPITALS and tick boxes where appropriate.

> Preferred location (please tick all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fulwell | <input type="checkbox"/> Hounslow | <input type="checkbox"/> Hounslow Heath |
| <input type="checkbox"/> Shepherd's Bush | <input type="checkbox"/> Stamford Brook | <input type="checkbox"/> Tolworth |

Surname	<input type="text"/>		
Forenames	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Town	<input type="text"/>	Postcode	<input type="text"/>
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
NI No.	<input type="text"/>	Date of birth	<input type="text"/>

Have you ever been employed by London United Busways Ltd or any other passenger transport company? YES NO

Name and address of London United Busways garage or other passenger transport company:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Dates of employment (from) (to)

Employee number Nature of job

Name of person for reference purposes

Reason for leaving

How did you learn of the job?

Poster	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Friend/relation	<input type="checkbox"/>
Newspaper advert	<input type="checkbox"/>	Please specify <input type="text"/>			
Other	<input type="checkbox"/>	Please specify <input type="text"/>			

For office use only

Invite for interview	
Yes	<input type="text"/>
No	<input type="text"/>
Interview	Time/Date
<input type="text"/>	<input type="text"/>
Assessment Time/Date	<input type="text"/>
Medical	Time/Date
<input type="text"/>	<input type="text"/>
PCV holder	<input type="text"/>
Non PCV	<input type="text"/>
Source	<input type="text"/>
Evidence confirmed	<input type="text"/>
Initials	<input type="text"/>
Date	<input type="text"/>
Start date	<input type="text"/>
Interviewer	<input type="text"/>
Provisional location	
AV	<input type="text"/>
FW	<input type="text"/>
HH	<input type="text"/>
S	<input type="text"/>
TV	<input type="text"/>
V	<input type="text"/>

> Details of employment during the last five years

Start from your present job and work backwards. Include all jobs, HM Forces, and any periods of unemployment. For periods of unemployment state the full address of the Department for Work and Pensions (DWP) office where you signed on. If self-employed give the name and address of your accountant.

Name and address of employer or Department for Work and Pensions office	Dates of employment From To		Reason for leaving and name of person for reference purposes
Job title:			Name of person for reference purposes:
Job title:			Name of person for reference purposes:
Job title:			Name of person for reference purposes:
Job title:			Name of person for reference purposes:
Job title:			Name of person for reference purposes:

Have you any objection to your present or previous employers being approached for a reference?

YES

NO

If YES please give a reason:

> **Driving licence**

How many years have you been driving?

How many years have you been driving in the UK?

For how many years have you held a full British licence?

If you do not hold a full British licence, please state which type of licence you hold

Do you hold a current PCV licence?

 YES NO

Driving licence number

Expiry date of your licence

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

> **Eligibility to work in the UK**

I (PRINT FULL NAME) confirm that I am eligible to take up employment in the United Kingdom and will provide evidence to this effect prior to starting work with the company.

> **Convictions, legal proceedings and motoring offences (including points on your licence)**

Ex-offenders will be considered for employment on their merit. Convictions are only taken into account if they are related to the post applied for. Please enter details of any court or court martial conviction giving all relevant details. If you have no convictions then write NONE. Include any licence endorsements.

The Rehabilitation of Offenders Act, 1974. You need not enter details of any offence which is spent under the terms of the Act. If you are uncertain whether or not your offences are spent, contact your local Citizens Advice Bureau for confidential advice. Any false statement or declaration will disqualify you from employment or, if discovered after employment has commenced, will render you liable for instant dismissal.

Date	Nature of offence or attachment of earnings order	Sentence or Court Order with costs
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

> **Extra information**

Please use the space below to provide us with further information regarding the reasons for your application, relevant skills and experience you have, and any other appropriate information. Please continue on a separate sheet if necessary.

> Monitoring information

The following information is to be supplied for monitoring purposes only and will not be used as part of the selection process.

Ethnic origin

Please tick or complete the following boxes as appropriate.

I describe my ethnic origin as:

P White European

Q White other

R Asian

S Black Caribbean

T Black African

U Black other

If you do not feel that any of the above groups apply to you then tick V and specify how you classify yourself:

V

Sex

Male

Female

> Data Protection Act

I (PRINT NAME) give my permission for the company to store and use my sensitive personal data, in relation to my application for employment.

I understand that this term covers information relating to my ethnic origin, trade union membership, criminal or alleged offences, and my physical and mental health. I also understand that this is not an exhaustive list.

> Fair Collection Notice

Personal data in this form may only be used in accordance with the company's notification under the Data Protection Act 1998. To comply with statutory and Government requirements, data may be disclosed to external agencies. Personal information will not be disclosed to any other third parties without the consent of the Data Subject. Any queries concerning processing of personal data under the terms of the Data Protection Act should be addressed to the company's Human Resources Department.



> Candidate declaration

The information given by me in this application is correct in every detail and I understand that giving false or incomplete information could result in my rejection for employment or subsequent dismissal.

Signed:

Date:

The company retains the right to reject any application without assigning a reason. No appointment will be confirmed until references (which will not be taken without the applicant's prior knowledge and consent) have been received. If they do not reach the standards we require, or if the applicant does not satisfy the medical standards of the company, any previous offer of employment may be withdrawn.

> Returning your application

Please check that you have filled in all sections of this application form, including the medical questionnaire, and signed the candidate declaration above. Then post your application form in the pre-paid envelope provided or return it to the address below.

London United Recruitment and Training
Garrick House
Stamford Brook Garage
74 Chiswick High Road
London W4 1SY

Medical Questionnaire

Title Mr Mrs Miss Ms

Surname

Forenames

Date of birth

Have you **ever** suffered from any of the following?

Tick the YES or NO box for every question.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/blackouts/loss of consciousness/giddiness	<input type="checkbox"/>	<input type="checkbox"/>	Disability or industrial injury benefit claim
<input type="checkbox"/>	<input type="checkbox"/>	Disorder of the nervous system	<input type="checkbox"/>	<input type="checkbox"/>	Are you at present taking any injections, pills, drugs, or other medication?
<input type="checkbox"/>	<input type="checkbox"/>	Mental or psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any out/in-patient treatment or investigation (e.g. x-ray, surgery, blood test)?
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety/stress/depression	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other diseases, disability or medical condition?
<input type="checkbox"/>	<input type="checkbox"/>	Disease of the heart or blood vessels	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any time off work for medical reasons during the past two years?
<input type="checkbox"/>	<input type="checkbox"/>	Raised blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from loss of vision in one or both eyes?
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes - state below if insulin dependant	<input type="checkbox"/>	<input type="checkbox"/>	If you smoke, how many do you smoke a day?
<input type="checkbox"/>	<input type="checkbox"/>	Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	If you drink, how many units do you consume each week?
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/bronchitis or other chest complaints	<input type="checkbox"/>	<input type="checkbox"/>	<i>1 pint beer/lager = 2 units; 1 single spirit or small glass of wine = 1 unit (approximately)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Eye disease			
<input type="checkbox"/>	<input type="checkbox"/>	Termination of employment for any medical reason			
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or drug problems			

If you ticked YES to any of the above, please give details below.

I declare that all the answers given are, to the best of my belief, true and complete.

Signed: Date:

> Medical certificate (for use by Company Doctor only)

Doctor's stamp

Blood pressure	/	Weight	St	lbs	Visual acuity	Left	Right	
Height	ft in	Urine			Uncorrected			
		E.C.G.			Corrected			

> Doctor's observations:

CVS

RS

AS

NS

I certify that the above person is FIT/UNFIT for the grade of:

To be re-examined in: Signed:

DO NOT DETACH