

## TELSONS COACHES LTD – JOB APPLICATION FORM

Position Applied For:		NI No:
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Personal Details			
Surname:		Forenames:	
	Address:	Telephone:	
	.....	Home:.....	
	.....	Work:.....	
	.....	Mobile:.....	
	.....	Other:.....	
Postcode:.....			
Sex: M/F	Smoker? Y/N		
Date of Birth:	Marital Status:	No. of Dependants:	
Please tick the statement that applies to you:			
I am a British Citizen or a Citizen of the European Union.			
I am not a citizen of the UK or EU but possess a valid work permit.		No:	
I am eligible to work under the provisions of the Asylum & Immigration Act 1966.			
Can you provide any of the following documents to confirm your answer?			
Passport:	P60:	UK Birth Cert:	Other:

Driving Details		
Do you hold a current UK Driving Licence?	Yes / No	No:
Do you hold a current PCV Licence?	Yes / No	
Class of PCV held?	Manual / Automatic	
Date PCV Test passed:	Expiry:	
Please supply details of any driving convictions / endorsements / disqualifications etc.		
Please supply details of any accidents in the past 3 years.		

Employment Details.		
Current/Last Company		
Name of Company:		
Address:		
Telephone No:		
Contact Name:		
Position Held:		
Employed	From:	To:
Reason for Leaving:		
Previous Employment 1		
Name of Company:		
Address:		
Telephone No:		

Contact Name:
Position Held:
Employed:   From:   To:
Reason for Leaving:
<b>Previous Employment 2</b>
Name of Company:
Address:
Telephone No:
Contact Name:
Position Held:
Employed:   From:   To:
Reason for Leaving:
Other Professional Qualifications: (Continue on separate sheet if necessary)

<b>References</b>	
Please provide details of two people, one of whom should be a business referee, e.g. previous employer, from whom we may obtain both work and character references.	
1. Name:..... Address:..... Contact No:..... Occupation:..... Relationship:.....	2. Name:..... Address:..... Contact No:..... Occupation:..... Relationship:.....

<b>Health Details</b>	
Are you in good health?	
Please list any ailments you suffer from:	
Are you receiving any medical treatment?	Yes / No
Are you taking any prescribed medicine?	Yes / No
If receiving treatment or medicine, give details:	
<b>Next of Kin.</b>	
Please give details of who you would like us to contact in case of emergency.	
Name:	
Address:	
Contact Nos:   Home:   Work:   Mob:	
Relationship:	

Please state why you think you are a suitable person for the position you have applied for. Include details of any skills, qualifications and/or other relevant experience not stated elsewhere on this form. (Continue on a separate sheet if necessary)

I authorise the company to obtain references to support this application once an offer of employment has been made and accepted. I release the company and any referees from any liability arising from the giving and receiving of that information. I understand that any offer of employment is conditional on successful reference enquiries.

Signed:

Date:

**Declaration: Please read the following declaration carefully before signing.**

I confirm that the information I have given on this form is complete and correct and that any misrepresentation or misleading information will be sufficient grounds for rejection or, if employed, dismissal.

Signed:

Date:

Data Protection Act. The information given to us in this form will only be used in relation to your application for employment. By signing the above declaration you are giving us your express consent to retain and process this information under the Data Protection Act.

Teslon Coaches Ltd is committed to being an equal opportunities employer and to the creation of an entirely non-discriminatory working environment.

All eligible persons shall have equal opportunities for employment and advancement within the organisation on the basis of their ability, performance, aptitude and attitude to work.

Teslon Coaches Ltd will not tolerate any discrimination on the grounds of an individual's nationality, sex, age, race, colour, ethnic or natural origin, religion, sexual orientation, marital status or disability.