

APPLICATION FOR EMPLOYMENT

JOB APPLIED FOR:

DATE:

(Please use block capitals when completing form)

Forenames: **Surname:**
Address: **Nationality:**
 **Marital Status**
 **How long have you been at this address?**
Post Code **If less than 12 months, please give previous**
Tel No. **address.**
Mobile No

1. EDUCATION - List Schools / Colleges attended since aged 11

DATES	NAME OF SCHOOL / COLLEGE	LOCATION	QUALIFICATIONS & CERTIFICATES OBTAINED

1a. POST FULL-TIME EDUCATION / COURSES / e.g. NVQ's, cpc etc.

DATES	NAME OF COURSE	LOCATION	QUALIFICATIONS + CERTIFICATES OBTAINED

1b. TRAINING RECEIVED IN PREVIOUS EMPLOYMENT e.g. Drivers Hours/ Customer Care/ Disability Awareness/ Defensive Driving etc

DATES	DURATION	NAME OF COURSE	LOCATION	QUALIFICATIONS & CERTIFICATES OBTAINED

2. DRIVING LICENCES – Please list licences held and other particulars requested

TYPE:	NUMBER	VALID FROM	EXPIRY DATE	BRIEF DETAILS OF GROUPS LICENCED TO DRIVE & ENDORSEMENTS
Car				
PCV				
HGV				
Other				

3. EMPLOYMENT HISTORY for the past 10 years (if appropriate)

EMPLOYERS NAME & ADDRESS	FROM	TO	JOB	RATE OF PAY / REASON FOR LEAVING
a) Current / last employer				
b) Previous employers				

4. LEISURE INTERESTS

5. HEALTH

a) Please describe current state of health

b) Are you a registered disabled person? **YES/NO** If **YES** please give number _____

c) Do you have any health problem that has stopped you from working for more than one week in the last 3 years? **YES/NO**

6. Do you have any criminal convictions? **YES/NO**
(You must answer this question, subject to provisions of the Rehabilitation of Offenders Acts).

7. Have you ever been convicted of any alcohol related offence? **YES/NO**
If **YES** please give details _____

8. Have you ever used drugs or been convicted of any drug related offence?
If **YES** please give details _____

9. Have you had a CRB check with a past employer and if so do you have a valid disclosure or badge? **YES/NO**

10. Have you ever served with HM. Forces? **YES/NO**
(If so, please bring your record of service if called for interview).

11. Do you have any ongoing liabilities to H.M. Reserve Forces? **YES/NO**

12. Are you currently a member of H.M. Reserve Forces? **YES/NO**
(Please note that the company has a policy of support for H.M. Reserve Forces).

13. Are you a member of a Trade Union? **YES/NO**
If yes please give details _____

14. Are you a member of any militant organisation? **YES/NO**

15. What is your religion? _____

16. Please give names, addresses and telephone numbers of two referees. At least one must refer to your employment.

.....

I declare that the information given by me on the Application Form is true and correct.

Signed

Date

FOR OFFICE USE ONLY

Engaged YES / NO

Occupation

Clock No.

Date of Commencement

P45

National Insurance No.

Punctuality for interview

Ability to communicate

Driver Assessment Satisfactory?

Coach Questionnaire?

Medi check Satisfactory?

References taken up YES / NO

Bank

Account No.

Sort Code

Dress & appearance

Overall personality

Driver Hours Satisfactory?

Bus Questionnaire

bakerbus

QUESTIONNAIRE FOR BUS DRIVER APPLICANTS

NAME DATE

Would you please answer the following questions to the best of your ability

1. Why did you apply to **bakerbus**?
.....
.....
2. What do you know about **bakerbus**?
.....
.....
3. How long have you been driving buses?
.....
4. (a) What do you like most about bus driving?
.....
(b) What do you **dislike** most about bus driving?
.....
5. Have you had any accidents in the last 10 years?
(If yes, please give dates and particulars)
.....
.....
6. Which of the following is the most attractive to you?
 - a) Working 5 days 8/9 hours / shift
 - b) Working 4 days 11 hours / shift
 - c) The possibility of progressing to coach work
 - d) Have you any previous experience of coach work? If so give details e.g. day hire, contracts or tours
7. Do you have any personal problems at all with early morning starts or late finishes will affect you, i.e. before 6am or after 11pm?
.....
8. Working long hours on local bus services and general coaching can create family pressures for you. How will you manage this in your family?
.....
.....
9. What do you think bus passengers expect from the driver?
.....
.....
10. What type of passengers do you find the most difficult to handle?
.....
.....

11. What is the most difficult situation you have had to handle with passengers?
.....
.....
12. What is your view on coach/bus cleaning inside/outside, how frequently should it be cleaned and by whom, and why?
.....
.....
13. Have you had any experience dealing with Business Executives on Business Trips?
In what way, if any, do you feel this requires different handling? (They do use buses too!)
.....
.....
14. Have you had any experience dealing with school children?
In what way, if any, do you feel this requires different handling?
Have you had any training specifically to look after school children?
.....
.....
.....
15. What local bus service experience do you have? (areas of operation / size of operator)
.....
16. What ticket machines have you used?
.....
.....
17. Do you have any mechanical experience? If so, please give details.
.....
.....
18. How would you handle a mechanical breakdown?
.....
.....
19. Have you ever changed a wheel if you had a puncture? YES / NO
20. What are the ten most important safety related items to check before you depart with any PSV?
.....
.....
.....
.....
.....
.....

21. What four other important items to check before you depart for a local bus service, in addition to answers given in Question 20?

.....
.....

22. How do you react to supervision, and what supervision do you find most acceptable?

.....
.....

23. Ongoing training is important for everyone.
What areas of training would help you develop your skills even further?

.....
.....

24. Are you a good team member, or do you prefer to be an individualist? Give reasons why.

.....
.....

25. Do you have a good knowledge of roads or places in the Stoke on Trent, North Staffs and South Cheshire areas?

.....
.....

26. Do you know anything about the local history and industry of North Staffordshire and South Cheshire?

.....
.....

27. Drivers hours. Under EU Regulations:

a) What is the maximum hours a driver can drive in any one day?

.....
.....

b) What is the normal daily rest period?

.....
.....

c) What is the normal weekly rest period?

.....
.....

d) What is the maximum number of continuous hours driving without a break?

.....
.....

e) What is then the minimum break period?

.....
.....

28. Drivers hours. Under UK Domestic (bus driving) Regulations:

a) What is the maximum hours a driver can drive in any one day?

.....
.....

b) What is the normal daily rest period?

.....
.....

c) What is the normal weekly rest period?

.....
.....

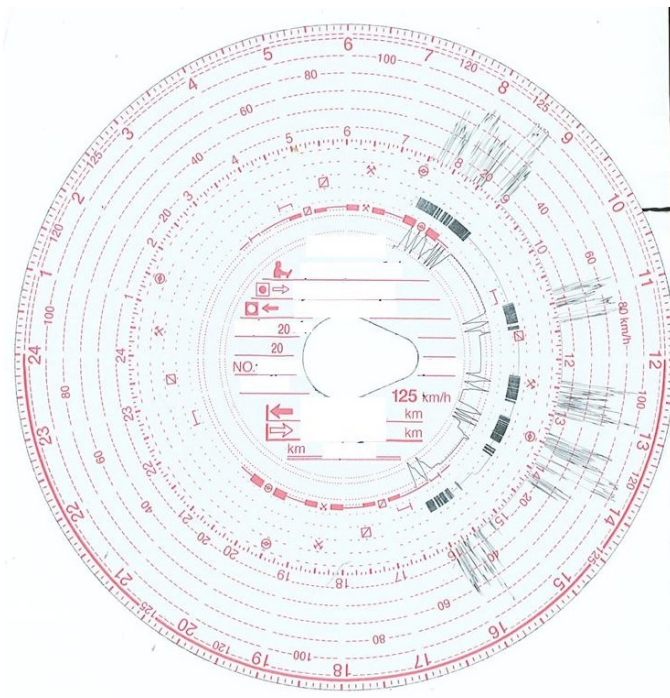
d) What is the maximum number of continuous hours driving without a break?

.....
.....

e) What is then the minimum break period?

.....
.....

29. Please complete, where appropriate, the photocopy of the tachograph chart below to fully comply with tachograph regulations.



30. Approximately how many hours has the driver got left to drive in a normal day?

31. What is the latest time he must finish by?

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Surname:..... First Name:.....

Address:..... Date of Birth:.....

..... Marital Status:.....

..... No. of Children:.....

.....

GP's Name:.....

& Address:.....

.....

.....

Position applied for/held:.....

Location:.....

Last place of employment:.....

Type of industry:.....

In what Overseas Countries have you lived:.....

Personal History

Do you suffer from any deformity or disability? YES/NO

Disabled Registration Number:.....

Have you suffered from any of the following:

Surgical operations	YES/NO	Dermatitis	YES/NO
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Serious injuries	YES/NO	Other skin diseases	YES/NO
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Rheumatic fever	YES/NO	Severe headaches	YES/NO
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Heart trouble	YES/NO	Frequent headaches	YES/NO
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Blood pressure	YES/NO	Fainting attacks	YES/NO
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Frequent sore throats	YES/NO	Varicose veins	YES/NO
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Pneumonia	YES/NO	Back problems	YES/NO
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Bronchitis	YES/NO	Slipped disc	YES/NO
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Asthma or hay fever	YES/NO	Arthritis	YES/NO
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Other chest illness	YES/NO	Neck strain	YES/NO
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Allergies	YES/NO	Sports injuries	YES/NO
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Severe indigestion	YES/NO	Strains	YES/NO
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Stomach ulcer	YES/NO	Ear trouble	YES/NO
Hernia (rupture)	YES/NO	Defect in either eye	YES/NO
Kidney trouble	YES/NO	Depression	YES/NO
Bladder trouble	YES/NO	Nervous illness	YES/NO
Hearing problems	YES/NO	Diabetes	YES/NO
R.S.I. problems	YES/NO	V.D.U. problems	YES/NO

Any other illness not listed:

.....

If "YES" to any of the above give dates and brief details:

.....

Have you ever been admitted to hospital? YES/NO

If "YES", complete below:

Year	Hospital	Reason	Duration

Give details if you are currently undergoing treatment from a hospital or your GP:

.....

State any medications you are taking at the moment:

.....

When and for what reasons did you last consult your GP:

.....

Approximate date of last chest x-ray:.....

Are you a smoker or ex-smoker? YES/NO

If "YES" what year did you start smoking?.....

Amount of tobacco/cigarettes/cigars smoked per week/day:.....

Ex-smokers – what year did you give up?.....

How many units of alcohol do you have per week?.....

Do you/have you used illegal substances (eg: Cannabis)? YES/NO

Do you participate in recreational drug use? YES/NO

Immunisation status:.....

Family History

	Alive	General Health	Age Deceased	Reason
Father				
Mother				
Brothers				
Sisters				
Spouse				
Children				

Have you or any relatives ever had or suffered any of the following complaints:

Tuberculosis	YES/NO	Kidney trouble	YES/NO
Heart trouble	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Mental illness	YES/NO

If "YES" please give dates and brief details:

.....

.....

Leisure activities – Sports, Hobbies etc (State which may be of a high risk nature):

.....

.....

.....

Have you ever worked with any dangerous substances? YES/NO

If "YES" give details:

Asbestos	YES/NO
Resins	YES/NO
Lead	YES/NO

Oils YES/NO
Chemicals YES/NO
Radiation YES/NO
Isocyanates YES/NO
Other YES/NO

This space has been left for you to add any further medical information that you wish to supply or for you to expand on any previous answer:

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.....
.....
.....
.....

How many days absence from work have you had in the past 12 months:.....

For what reason(s)?.....

Have you at any time in your former employment been forced to take long-term sick leave and, if so, when, for what reason and for how long? YES/NO

.....
.....

To the best of my knowledge and belief the above statements are true and I understand that with-holding or mis-stating facts called for above may be the cause for refusal or termination of employment with the Company. I agree that any information contained in this form, relevant to placing me in suitable employment, may be given to the management.

Signature of Applicant:.....

Name of Applicant:.....

(PLEASE PRINT)

Date:.....