



Form ID: P03

Post Applied for:

Job Number:

APPLICATION FOR EMPLOYMENT

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal Details

Title:	<input type="text"/>	Last Name:	<input type="text"/>
First Names:	<input type="text"/>		

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

Postcode:	<input type="text"/>
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Home Telephone Number:	<input type="text"/>
Mobile Telephone Number:	<input type="text"/>

E-mail address:	<input type="text"/>
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National Insurance Number:	<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"/>
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Are you eligible to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you hold a full UK driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, Do you have any points or convictions etc? :	<input type="text"/>
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Do you hold a PCV licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is your licence a manual or automatic?	<input type="text"/>
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Section 2 Rehabilitation of Offenders Act

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any prosecutions pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please give details / dates of offence(s) and sentence:

Section 3 Health

Number of days absent in the last 2 years:	
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Please state number of times in the last 2 years:	
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Are you registered disabled?	YES <input type="checkbox"/> No <input type="checkbox"/>
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If yes please provide your disability number and details:

Section 4 Education

Date From	Date To	Name of School	Examinations taken and Qualifications Gained (Specify Grades)



Section 5 Employment History

Please list chronologically, starting with current or last employer

Name and Address of Employer	Date From:	Date To:	Job Title/ Job Description / Responsibilities:	Salary and Reason for Leaving



Section 6 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Their Position (job title):	<input type="text"/>	Their Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Dates Employed:	From: <input type="text"/> To: <input type="text"/>	Dates Employed:	From: <input type="text"/> To: <input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Section 7 Declaration

I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment at risk. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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**COMPLETED APPLICATIONS SHOULD BE RETURNED TO:
OPERATIONS MANAGER, JH COACHES, FELL BANK, BIRTLEY, CHESTER-LE-STREET, DH3 2SP
or emailed to john@jhcoaches.com**