

POSITION APPLIED FOR:

PERSONAL DETAILS – (please use block capitals)		
Title	Forename(s)	Surname
Address		
Telephone No's: Home:		Mobile:
Email address:		
Date of Birth: _____		National Insurance No: _____
Marital Status: _____		Smoker Non Smoker
DRIVING HISTORY		
Driving Licence No: _____		Date Test Passed: _____
Driver CPC No: _____		Date Test Passed: _____
Manual	Auto Licence	
Details of Driving Convictions / Endorsements / Disqualifications:		
Details of Road Traffic Accidents in past 3 years:		
PROFESSIONAL QUALIFICATIONS		
Coach Driving: (Eg Certificates/Awards)		Non Coach Driving:

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY			
<i>CURRENT</i>	Can we contact for a reference?	Yes	No
Name of Company: _____ Contact Name: _____			
Nature of Business: _____ Position Held: _____			
Address: _____ Employed From: _____ To: _____			
_____ Main Duties: _____			
Postcode: _____			
Telephone No: _____			
Reason for Leaving: _____			
<i>PAST</i>			
Name of Company: _____ Contact Name: _____			
Nature of Business: _____ Position Held: _____			
Address: _____ Employed From: _____ To: _____			
_____ Main Duties: _____			
Postcode: _____			
Telephone No: _____			
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Postcode: _____			
Telephone No: _____			
Reason for Leaving: _____			

REFERENCES

Please provide details of two persons from whom we may obtain both character and work experience references.

1.

2.

CRIMINAL RECORD

Have you ever been convicted of a criminal offence?
(Declaration subject to the Rehabilitation of Offenders Act 1974)

Yes No

CRB number issue date:

CRB number:

ELIGIBILITY TO WORK IN UK

Do you need a work permit to work in the UK? Yes No

OTHER EMPLOYMENT

If offered this position will you continue to work in any other capacity? *(give details)*

BANK / BUILDING SOCIETY DETAILS *(Payroll purposes only)*

Bank Name: _____ Account Number: _____

Address: _____ Sort Code: - -

A/c Holder Name:

HEALTH DETAILS

Are you disabled? YES NO

If YES, please give details and describe any reasonable adjustments which would have to be made in order for you to carry out the job.

Please list any diseases, disorders, allergies, muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and / or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

NEXT OF KIN

Please give details of next of kin who can be contacted in an emergency.

Name:

Address:

Relationship:

Telephone No: *Business:* _____ *Home:* _____

EQUAL OPPORTUNITIES

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, sex marital status or disability.

Applicants are requested to tick the relevant boxes below to enable the company to monitor its Equal Opportunity Policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status.

This information is used for no other purposes and will be treated as confidential.

Male Female

Ethnic Group:

White Black – Carribean Black – Other (Please specify)

Indian Pakistani Bangladeshi Chinese

Other (Please specify)

DECLARATION (Please read this carefully before signing this application)

I authorise the company to obtain references to support this application once an offer has been made and accepted and I release the company and referees from any liability caused by giving and receiving information.

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

Signature: _____ Date: _____

For Office Use Only

Interview Date: _____ Position Offered: _____

Induction Period: _____ Start Date: _____

Apperance	1	2	3	4	5	Comments:
Communication	1	2	3	4	5	
Experience	1	2	3	4	5	
Co-operation	1	2	3	4	5	
General Impression	1	2	3	4	5	



ChalCheck Limited
 DVLA Account Number

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Department
 Identification

10000043

I grant permission to Chalcheck Ltd to conduct driving licence checks as and when appropriate with the Driver & Vehicle Licencing Authority. **The authority will expire whenever I leave my current employer or, in any case, three years from the date of my signature below.**

I authorise the DVLA to supply any information, with **the exception of any Medical information** that may be held on its computerised database, which relates to myself, and my driving entitlement past and present. Any valid endorsements, disqualifications etc will be shown on returns from DVLA. I agree that the information be forwarded to Chalcheck Limited, 2-4 Providence Road, West Drayton, Middlesex UB7 8HJ.

I consent for the purposes of the Data Protection Act 1998 to the above information and, any additional information obtained from the appropriate licencing authority, being held by Chalcheck Limited.

Please complete in BLOCK CAPITALS

Surname	
Forename	
Middle Name	

Date of Birth			
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Photo Licence Expiry (4B)			
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Driver number			
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Current Address	
Address on Licence	

Signature..... Date.....