



Applicant No:

## Application for Employment DRIVER

Please answer all questions in full

Applications which are not completed in full will not be processed

Have you ever applied for employment with, or worked for  
*Heritage* or other affiliated company?

Yes  No

### Personal Information

Title	Surname	Forename(s):
Previous Name(s)		Are you eligible to work in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate review date if this is not indefinite
Address Line 1		National Insurance Number
Address Line 2		Home Telephone Number
Town		Mobile Telephone Number
County		Email Address (optional)
Postcode		

### Driver Licence Information

Do you have UK PCV Entitlement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Drivers CPC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Date passed <input type="text"/> Expiry Date <input type="text"/>	If Yes what is the expiry date <input type="text"/>
Driver Number <input type="text"/>	If <del>partial</del> please provide details of where training was undertaken and how many hours completed <input type="text"/>
Please provide details of where PCV training undertaken <input type="text"/>	

Are there any endorsements on your licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'YES' please provide details...		
Date of Offence	Convictions	Penalty or No. of points	Conviction code (eg SP30)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you subject to any pending motoring offences? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'YES' please provide details...	
Date of Offence	Notice of Offence	<input type="text"/>
<input type="text"/>	<input type="text"/>	

Have you ever been refused a licence or entitlement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'YES', on what grounds...
Have you ever been disqualified or banned from driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>	
<input type="text"/>	



## Employment Details

Please include details of present or most recent employment and all employment over the **last seven years** as well as all previous PCV operation employment. Include any periods of voluntary work, caring, homemaking or unemployment in this section, including work abroad, with dates. References will be sought from previous employers.

### Current or Most Recent (state full address and postcode)

Employer name	Job title of position held	
Employer address	Duties	
Name & title of supervisor	Date started	Date finished
Reason for leaving	Salary	

If you have had more than 3 employers in the last 7 years, please provide further details on separate sheet.

### Previous Employment (1) (state full address and postcode)

Employer name	Job title of position held	
Employer address	Duties	
Name & title of supervisor	Date started	Date finished
Reason for leaving	Salary	

### Previous Employment (2) (state full address and postcode)

Employer name	Job title of position held	
Employer address	Duties	
Name & title of supervisor	Date started	Date finished
Reason for leaving	Salary	

**Previous Employment (3) (state full address and postcode)**

Employer name	Job title of position held	
Employer address	Duties	
Name & title of supervisor	Date started	Date finished
Reason for leaving	Salary	

**Referees**

**We will request references from previous employers. However, if you have been self-employed, please give details of your accountant(s) in the space(s) provided below**

Name of Employer or Accountant
Title / Position
Company Name
Address
Telephone Number

Name of Employer or Accountant
Title / Position
Company Name
Address
Telephone Number

At this stage, do we have permission to contact your references & referees?  Yes  No  
 If ~~NO~~ please indicate when it would be acceptable (eg. on provisional offer of job)

**Declaration and Validity**

I declare that the information provided on this application for is, to my knowledge true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be discharged from employment with Executive Drivers. With the exception of offences which are "spent" under the terms of the "ROA 1974" I have included details of criminal or court martial convictions including driving convictions. I understand that it may be necessary, at some locations, to undergo a CRB check which will ask exempted questions under the "ROA 1974" and will show offences that are "spent" under the act. I am legally entitled to take paid employment in the United Kingdom. I consent to Executive Drivers seeking references from previous employers.

Yes  No Date \_\_\_\_\_ Signature \_\_\_\_\_

**Information**  
 The following two pages are the Medical form and form for Bank Details.  
 The medical form is mandatory but Bank Details can wait to be completed until a later date.

# MEDICAL INFORMATION

## Section A

Name

Age  Please choose imperial or metric measurements

Imperial			
<input type="text"/>	ft	<input type="text"/>	in
<input type="text"/>	st	<input type="text"/>	lb

OR

Metric			
<input type="text"/>	m	<input type="text"/>	cm
<input type="text"/>	kg		

## Section B

Have you ever in your life, including your childhood, had any of the following?

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Any heart condition                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Loss of sight or cataract removed                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Double or tunnel vision                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Any epileptic attack, stroke or loss of consciousness | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cough Syncope or similar condition                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drink problem   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drug addiction  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## Section C

Are you being treated for any of the following?

- |                                  |                          |     |                          |    |
|----------------------------------|--------------------------|-----|--------------------------|----|
| Angina                           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Medical or nervous disorders     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Diabetes with insulin injections | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## Section D

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Have you stayed away from work or school in the past year? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you consulted a doctor in the past year?              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you any permanent disability?                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## Section E

If you have answered YES in any of the boxes or if you have any other medical conditions which may affect your ability to work, please give particulars:

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## Section F

If you have any other medical condition not listed above which may affect your ability to work or drive a bus (eg. Hearing or eyesight impairment) please give particulars:

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