

Please complete in Black ink in Block Capitals

**Position applied for**

**Date**

**Where did you hear about this  
vacancy?**

**PERSONAL DATA**

Surname

First names

Address

E-Mail Address

Daytime Phone  
Number

Mobile  
Number

Do you require a work permit to take up employment in the U.K.?

Date of Birth

Place of Birth

Passport Number

National Insurance Number

**Professional Qualifications and Skills:**

Give details of any professional qualifications.

Describe any specialised training, skills, or experience which you believe are relevant to the job you are applying for:

I confirm that the information given in this application is correct and true to the best of my knowledge
Signature of Applicant ..... Date .....

Education & Training				
Name & location of education establishment	Course of study/ Qualifications	Date: from	Date: to	Qualifications earned (results)

Additional Skills
Please use this space to tell us about any additional training skills or qualifications even if you feel it may not be relevant for the position applied for:



# APPLICATION FORM

**Employment History:**

**A minimum of 5 years history is required**

Current Employer's name \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post code: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: Starting salary: \_\_\_\_\_

Last Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your present employer as a reference prior to making a hiring decision?

Yes  No

Current Employer's name \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post code: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: Starting salary: \_\_\_\_\_

Last Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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# APPLICATION FORM

Current Employer's name \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post code: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

State job titles and describe job duties: Starting salary: \_\_\_\_\_

Last Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Yes  No

**Please continue on a Separate Sheet If Required**

**References (other than supervisors listed in the Employment History section above) Minimum of two required**

Name, address and position	Employer	Telephone

Have you ever had any serious illness or injury?

Yes  No

If yes, please provide details: \_

Are you registered as disabled?

Yes  No

Have you any health problems or physical disabilities?

Yes  No

Do you require any adjustments or special arrangements to be made when attending for interview?

Yes  No

If yes, please provide details

Are you interested in working:  Part time?  Full time?

Are there any days, shifts, hours you will not work?

Yes  No

If yes, please provide details:

Can you meet the attendance requirements of the position?

Yes  No

If selected when would you be able to start work?

Have you signed an agreement relating to non-compete, trade secrets, or confidential information with any other employer?

Yes  No

Would that agreement prevent you from performing the position for which you are applying?

Yes  No

If yes, please provide details

Would that agreement restrict you from working for the company?

Yes  No

If yes, how

Do you have a criminal record?

Yes  No

This does not apply to convictions which are spent under the Rehabilitation of Offenders Act 1974.

(Note that a 'Yes' answer does not automatically disqualify you from employment, since the nature of the offence, date and the job for which you are applying are also considered.)

If yes, please describe the conviction(s) fully, listing the dates and nature of the offence(s):

Do you agree to having an enhanced DBS check (formerly known as CRB)

Yes  No

Have you previously submitted an application to the company before?

Yes  No

If yes, month and year and position applied for:

## **DRIVING RECORD:**

Do you hold a valid British driver's licence?

Yes  No

Please Provide your Driving Licence Number:

Please provide a DVLA Check Code for your licence:

Which categories do you hold a full licence for:

Is it subject to any endorsements?

Yes  No

If yes, please provide details

Do you Hold a Drivers Vocational CPC Qualification?

Yes  No

If yes, please provide expiry date:

How many hours training have been completed since its last renewal?

Do you Hold a Drivers Digital Tachograph Card?

Yes  No

If yes, please provide expiry date:

## COMMENTS

Please add any comments you wish to make to support your application:

## INTERESTS

Please describe your leisure interests

Thank you your co-operation in providing this information. Please return this form to Lyndi Reading, [info@sussexcoaches.co.uk](mailto:info@sussexcoaches.co.uk) or by post to Sussex Coaches, Sailors Cross, Green Street, Shipley, Horsham, West Sussex, RH13 8PB.