



Application for Employment

Applicant No:

Please answer all questions in full. Applications not completed in full will not be processed

Have you ever applied for employment with, or worked for *Crawley Luxury* or other affiliated company? ☐ Yes ☐ No

Personal Information

Title <input type="text"/>	Surname <input type="text"/>	Forename(s): <input type="text"/>
Previous Name(s) <input type="text"/>		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 <input type="text"/>
Address Line 1 <input type="text"/>		National Insurance Number <input type="text"/>
Address Line 2 <input type="text"/>		Home Telephone Number <input type="text"/>
Town <input type="text"/>		Mobile Telephone Number <input type="text"/>
County <input type="text"/>		Email Address (optional) <input type="text"/>
Postcode <input type="text"/>		

Driver Licence Information

Do you have UK PCV Entitlement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date passed <input type="text"/> Expiry Date <input type="text"/> Driver Number <input type="text"/> Please provide details of where PCV training undertaken <input type="text"/> <input type="text"/> <input type="text"/>	Do you have a current Drivers CPC? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the expiry date <input type="text"/> How much training in this current period have you undertaken and details of where this training was done <input type="text"/> <input type="text"/> <input type="text"/>
If you are using a non-GB licence, have you registered it with the DVLA for PSV entitlement? <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Issue <input type="text"/> Date of Registration <input type="text"/> Date of Residency in UK <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 (e.g. 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"/>
<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"/>

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

Yes

7

No

If 'YES' please provide details...

Date of Hearing	Basis of hearing and outcome
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Please give details of any road accidents, blameworthy or otherwise, in which you have been involved in the last five years plus estimated cost of repair. Include dates and details and continue on separate sheet if necessary.

Convictions and Legal Proceedings

With the exception of offences which are “protected or filtered” under the terms of the “DBS filtering guide”, enter the exact details of any criminal or court martial convictions. Please enter details of any outstanding Summons or Prosecution. Before answering the question you should note that if you have failed to give relevant particulars or should you give false particulars you will not be considered for employment or, if already engaged, you will be liable to instant dismissal. If you have no convictions or outstanding summonses write “none”. We have a contractual requirement with some local authorities to operate school services on their behalf which are exempt from the “Rehabilitation of Offenders Act 1973”. As a result, a Disclosure and Barring Service (DBS) check will be undertaken in these locations prior to the commencement of employment. If short listed, applicants may therefore be asked to complete a disclosure form or attend an interview. Full guidance notes will be issued. Any information disclosed will be kept in the strictest confidence and will only be used when considering your suitability for the post that you have applied for. The DBS have produced a Code of Practice which we have to adhere to. Should you wish to view the Code it is available on the DBS website, or alternatively, a copy can be made available to you upon request. A criminal record will not necessarily prevent you obtaining the position however depending on the offences in question, it may prevent you from passing a DBS which will prevent employment.

[illegible]

Is there any reason with which you will not submit for a DBS check?

1

Yes

11

No

General Education and Training

Please include any full/part time courses, including apprenticeships, correspondence and vocational qualifications.

[illegible]

Employment History

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
	Salary	
Reason for leaving		

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

At this stage, do we have permission to contact your current employer?

☐

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 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 Crawley Luxury. I have included details of criminal or court martial convictions including driving convictions. I understand that it will be necessary to undergo a DBS 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 Crawley Luxury seeking references from previous employers and with my current employ in line with my answers to the above questions.

☐

Yes

☐

No

Date

Signature

Information

The following documents are Safeguarding Information; Medical Declaration and Right to Work Check which must be completed prior to an offer of employment being given to an applicant.

MEDICAL DECLARATION

Section A

Name

Age

Please choose imperial or metric measurements

Imperial

ft

in

st

lb

OR

Metric

m

cm

kg

Section B

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

Any heart condition

☐ Yes ☐ No

Loss of sight or cataract removed

☐ Yes ☐ No

Double or tunnel vision

☐ Yes ☐ No

Any epileptic attack, stroke or loss of consciousness

☐ Yes ☐ No

Cough Syncope or similar condition

☐ Yes ☐ No

Drink problem

☐ Yes ☐ No

Drug addiction

☐ Yes ☐ No

Section C

Are you being treated for any of the following?

Angina

☐ Yes ☐ No

Medical or nervous disorders

☐ Yes ☐ No

Diabetes with insulin injections

☐ Yes ☐ No

Section D

Have you stayed away from work or education in the past year?

☐ Yes ☐ No

Have you consulted a doctor in the past year?

☐ Yes ☐ No

Have you any permanent disability?

☐ Yes ☐ 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:

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:
