

Rossendale Transport Limited Group of Companies



Application Form

PCV DRIVER

PERSONAL DETAILS

Full Name: _____ Male/Female: _____

Address: _____

Home  : _____ Mobile  : _____

LICENCE DETAILS

Type of PCV held: _____ Expiry date: _____

Date of PCV licence acquired: _____ PCV LICENCE No.: _____

Name of organisation which carried out training: _____

Car driving licence no.: _____ Classification types: _____

Give current details of any convictions on licence: _____

Are any convictions pending? _____

Has either your PCV or car licence ever been suspended or revoked? _____

If so, give details: _____

TRANSPORT

Do you have your own transport? _____

Please give details of how you intend to travel to work? _____

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. Are any prosecutions pending at the present time? If YES, please give details. If none please state.

Are any prosecutions pending at the present time? If YES, please give details

REFERENCES

Please give the name and address of two persons to whom we may apply for reference:

(1) _____

(2) _____

HEALTH DETAILS

Are you registered disabled? YES/NO. If YES, registration number: _____

Doctor's name and address: _____

Please list any diseases, disorders or allergies from which you have suffered or do suffer:

Have you had any operation or illness in the last five years. YES/NO - Please give details:

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.

Please give details of the approximate number of days absence due to illness or injury in the past 5 years.

0 - 12 mths 13 - 24 mths 25 - 36 mths 37 - 48 mths 49 - 60 mths

DECLARATION (Please read this carefully before signing this application)

- a) I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- b) I hereby give my authority for the organisation to contact my own doctor for any further details of my state of health.
- c) I agree that the organisation reserves the right to require me to undergo a medical examination.

Signed: _____ Dated: _____

This form when completed should be returned to:

Rossendale Transport Ltd.,
35 Bacup Road,
Rawtenstall,
Rossendale.
BB4 7NG
☎ (01706) 212337

EQUAL OPPORTUNITIES

This Company is an equal opportunity employer. The aim of our policy is to ensure no applicant or employee should ever suffer discrimination on the grounds of age, sex, colour, race or ethnic origins, or is disadvantaged by conditions or requirements that cannot be shown to be justifiable.

Selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and encouraged to progress within the organisation.

The company is committed to an ongoing programme of action to make its Equal Opportunity policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please describe your ethnic origin below:-

White Black-Caribbean Black-African Black-other (specify) _____

Indian Pakistani Bangladeshi Chinese Other (specify) _____

Male Female

Job applied for: TRAINEE*/TEMPORARY*/FULL TIME*/BUS*/COACH *DRIVER

Please delete as applicable.

NAME (Printed): _____

