

Application for Employment

Please note that ALL QUESTIONS must be ANSWERED in the applicant's OWN HANDWRITING

Position applied for:

Surname: _____ Forenames: _____ Mr/Mrs/Ms/Miss

Home address: _____

Postcode: _____

Phone: _____ At above address for _____ years

Birth date: / / Age: _____ National Insurance Number: _____

Do you hold a FULL (not provisional) UK Driving Licence? YES/NO

Driving licence number: _____ Date of expiry / /

Do you have any points on your licence? YES/NO

If YES state details and expiry date: _____

Are there any driving prosecutions pending? YES/NO

If YES state details: _____

Have you ever been disqualified from driving for any reason? YES/NO

If YES state details: _____

Do you have, or have you ever had, any PCV entitlement? FULL/ PROVISIONAL/NONE

Details: _____ Date of expiry / /

Do you have, or have you ever had, any LGV entitlement? FULL/ PROVISIONAL/NONE

Details: _____ Date of expiry / /



PREVIOUS EMPLOYMENT

State details of present and all previous employers, starting with the most recent and working back, including H.M. Forces and self employment.

Inclusive dates	Employer's name and address	Position(s) held	Reasons for leaving
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

REFERENCES

Full details of TWO contactable referees including correct postal address should be provided. One referee should be your current or most recent employer. If you cannot give details of two employers the second reference can be from a character referee (not a friend or relative).

1. Current or most recent employer	2. Employer or character reference
Postcode:	Postcode:

CRIMINAL RECORD INFORMATION

Having a criminal record will not necessarily bar you from working for WBT, although the nature of the position you are applying for and the circumstances of, and background to, any offences would be taken into consideration. The company has a written policy on the Recruitment of People With Past Convictions which is available from us on request. The Criminal Records Bureau has published a Code of Practice For Registered Persons and Other Recipients Of Disclosure Information, this too is available from us on request. **A disclosure will be sought from the Criminal Records Bureau if we make you a conditional offer of employment.**

With the exception of offences which are now deemed to be "spent" under the terms of the Rehabilitation of Offenders Act, 1974, enter below the details of all convictions by any court or court martial, of whatever nature. All driving offences must be included. Enter also details of any outstanding summons, notice of prosecution or prosecution which has not yet been fully disposed of.

Any false statement will disqualify the applicant from employment, or if discovered after employment has commenced, will render the employee liable to summary dismissal.

Date of conviction or prosecution	Court	Offence	Sentence, Court Order or Penalty

YOUR HEALTH

Describe your GENERAL STATE OF HEALTH:

Do you smoke? YES/NO

Do you wear glasses or contact lenses? YES/NO

Have you suffered from any industrial accident or disease?

YES/NO

If YES state details:

How many days off work due to sickness have you taken during the last 3 years?

Number of days	Reason

Have you ever previously applied for employment with us?

YES/NO

If YES, state DATE(S) OF APPLICATION, whether appointed, position(s) held, date left etc.

Are you serving with any arm of the territorial services?

YES/NO

If YES, state details.

What drew your attention to possible employment with our company?

For example: press notice, advert on bus, job centre, web site, conversation with staff member, etc.

Why in particular do you wish to join us?

Leisure interests

Education and Qualifications

Please state details of all apprenticeships, technical, academic and professional qualifications (GCSE or equivalent and above).

If successful, when are you able to take up an appointment

Declaration

The information given by me on this form is true, accurate and complete, to the best of my knowledge. Any attempt at deception, if discovered after my employment has commenced, may render me liable to dismissal.

Signed

Date / / 20

WARRINGTON BOROUGH TRANSPORT

JOB APPLICATION

MEDICAL FORM

1 PERSONAL DETAILS – TO BE COMPLETED BY THE APPLICANT

FULL NAME _____ MR/MRS/MS/MISS

ADDRESS _____

POST CODE _____

Telephone No (Home) _____ (Work) _____

DOCTOR'S NAME / ADDRESS _____

2 MEDICAL HISTORY – TO BE COMPLETED BY THE APPLICANT

a) HEART AND CIRCULATION

Have you ever suffered from a heart attack, chest pains, angina, high blood pressure or persistent pains in the leg? YES NO

If YES, which condition? _____

What treatment are you receiving? _____

Details, including how the condition affects you now (including time off work)? _____

b) RESPIRATORY PROBLEM

Have you ever suffered from bronchitis, asthma, shortness of breath or a persistent cough for more than three weeks? YES NO

If YES, which condition? _____

What treatment are you receiving? _____

Details, including how the condition affects you now (including time off work)? _____

c) PSYCHOLOGICAL ILLNESS

Have you ever had an illness requiring treatment or medication (eg depression, anxiety, schizophrenia, stress, drug or alcohol-related problems)? YES NO

If YES, which condition and what treatment if any are you taking? _____

How does the condition / treatment affect you now (including time off work)? _____

d) SPECIAL SENSES

Do you have any significant problem with your hearing, eyesight or smell? YES NO

If YES, please give details _____

e) NERVOUS SYSTEM

Have you ever suffered from any of the following: blackouts, fainting attacks, a stroke, fits or epilepsy, dizzy spells or muscular weakness? YES NO

If YES, which condition? _____

Details, including how the condition affects you now (including time off work)? _____

f) DIGESTIVE SYSTEM

Have you ever suffered from digestive trouble (ulcer, colitis, ileostomy, colostomy, Irritable Bowel Syndrome etc)? YES NO

If YES, which condition? _____

What treatment are you receiving? _____

Details, including how the condition affects you now (including time off work)? _____

g) GENITO URINARY SYSTEM

Have you ever suffered from kidney, bladder, reproductive tract problems? YES NO

If YES, which condition? _____

What treatment are you receiving? _____

Details, including how the condition affects you now (including time off work)? _____

h) **MUSCULOSKELETAL SYSTEM** YES NO
 Have you ever suffered from back or neck trouble, rheumatism, arthritis or other joint / muscle problems?
 If YES, which condition? _____
 What treatment are you receiving? _____
 Details, including how the condition affects you now (including time off work)? _____

i) **INFECTIOUS CONDITIONS** YES NO
 Have you ever suffered from any of the following conditions within the last 2 years: dysentery or recurring diarrhoea, recurrent boils or septic fingers, discharging ears, recurrent infections of the nose and throat?
 Which condition, when and how does it affect you? _____

j) **SKIN** YES NO
 Do you suffer with any skin conditions (eczema, dermatitis, psoriasis)?
 If YES, which condition? _____
 What treatment are you using? _____
 Which part of the body is affected? _____
 How does the condition affect you now (including time off work)? _____

k) **ALLERGIES** YES NO
 Do you suffer from any allergies, hay fever etc
 If YES, to what are you allergic eg house dust, metal, detergents etc? _____
 What treatment are you using? _____
 Details, including how the condition affects you now (including time off work)? _____

l) **GENERAL** YES NO
 Have you ever been retired from work on the grounds of ill health?
 If YES, please give details _____

Have you ever had any spells of sickness causing absence from work or study lasting more than one month? YES NO
 If YES, please give details, including treatment _____

Have you any medical condition not mentioned on this form? YES NO
 If YES, please give details _____

Are you disabled in any way? YES NO
 If Yes, please give details _____

Have you ever had TB? YES NO
 Do you have night sweats? YES NO
 Do you have an unexplained fever? YES NO
 Have you been abroad (outside Europe) in the last year? YES NO
 Do you have a BCG (TB vaccination) scar on your arm? YES NO

m) Have you previously attended an Occupational Health Unit? If YES, please give date and location of the Clinic attended _____

EMPLOYEE DECLARATION
I certify that the answers given are complete and accurate to the best of my knowledge and that no relevant information has been withheld. I understand that if any of the answers are false or misleading this may lead to the offer of employment being withdrawn or later lead to dismissal if I am appointed. I also understand that I may be required to undergo a medical screening by the Occupational Health service and may be asked to agree to further information being obtained in confidence from my GP or Hospital Doctor.

Signature _____ Date _____
 Please print full name _____

EQUAL OPPORTUNITIES MONITORING FORM							
<u>GENDER</u>				<u>MARITAL STATUS</u>			
MALE		FEMALE		MARRIED		SINGLE (incl.divorced)	
<u>DATE OF BIRTH</u> / /				<u>AGE</u>			
<u>Racial Origin - What best describes your racial origin?</u>							
Black African		Black Other		Chinese			
Black Caribbean		Bangladeshi		White European			
White		Pakistani		Indian			
Other Please Specify							

DISABILITY				
Do you consider yourself to be disabled?	YES		NO	
If yes, are you registered disabled?	YES		NO	
Registration No.				
Expiry Date.				

Warrington Borough Transport Limited is an Equal Opportunities Employer. The information on this sheet will be used to monitor the effectiveness of our policy. Completing this form is voluntary. Failure to complete the form will not affect your application.