

APPLICATION FOR EMPLOYMENT

OFFICE USE

Aptitude Test

Drive
Drugs Test
Medical

Interview

Document Check

Please print CLEARLY and complete in CAPITAL letters Tick boxes where appropriate

Post Applied for:	Preferred Location?		Interview Date/Time:		
A. PERSONAL DETAILS					
Surname/			Approved for:		
Family Name Forenames/			Location:		
Given Names			Grade:		
Former/Maiden Name (If appropriate)		Mr/Mrs/Miss/Ms	Approved By:		
Your address:			Start date:		
			Ref Decision:		
Area/Town			Comments:		
County					
™TEL Home: ™TEL Mobile:					
E-mail address:					
If you would like us to send correspondence relating to y	our application by e-ma	il please tick this box			
National Insurance No:	Age:	Date of Birth:			
B Have you previously worked for a Go-Ahea	ad Group compan	y? NO	YES \		
If YES please give details below:	ad Group compan	y. 110 <u> </u>			
Where were you employed (name of Company)?					
Why did you leave?					
Have you previously applied to us for employment?					
NO YES If YES when did	d you apply?	/ /			
C. HOW DID YOU HEAR ABOUT TH	E JOB?				
Newspaper Job Centre		Friend Bad	ck of Bus		
Poster Internet		Other (nlease snecify)			

D. EMPLOYMENT HISTORY

Please provide up to 10 years work history starting from your **most recent** employment. Include addresses and a contact number. Also include any periods of unemployment and reasons for this. Use section H to provide any additional information to support your application. Your application may be rejected if you do not provide full details of your employment history.

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Name & Address of Employer	Dates From	What did you do?	Why did you leave?
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Do you have any objection to your present or pre	evious employers	being approached for	a reference prior to interview?
		. 209 арргоаспоатог	
Yes No			
If YES please state which Company and reason	n:		
Do you require a visa/work permit to take empl	oyment in the Unit	ted Kingdom? NO	YES
If YES what type of visa/work permit do you h number of hours you are permitted to work (for			
_			
We welcome applications from those with disals	oilities. Please ind	icate here whether you	have a particular disability that might
impact upon the job you have applied for		•	. , , ,

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have y	ou been ac	credited? _	
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	e Reha	e Rehabilitation of e in the space belo	style photocard licence pleases used with a DQC card pleases e Rehabilitation of Offenders e in the space below. Section H if you need more space/Court Order/Penalty/Fine

H. About You
a) Tell us how you have met the requirements of the role as set out in our job and person profile. Please describe any relevant knowledge, skills and experiences either from your current or previous roles if applicable. (Use section H if necessary)
b) Please explain why you would like to join Go North West?
c) At Go North West, we take pride in delivering excellent customer service to our passengers. Please describe what you consider excellent customer service to be?
ADDITIONAL INFORMATION Please use this space (or additional paper if necessary) to provide any additional information that you feel may be relevant
to the post you are applying for:
J. DECLARATION All employment is subject to satisfactory references, medical examination (including a drugs test) and a period of probation.
I confirm that the information in this application form is correct to the best of my knowledge. I hereby give explict consent to Go North West Limited to process any personal data concerning me on this application form, including any sensitive personal data for the purposes of recruitment, employment and general business purposes, including placing and processing any such data on a computer system.
I understand that any false information on deliberate omissions will disqualify me from employment or that my employment may be terminated if the information provided is subsequently found to be incorrect.
Signed: Date:
Discussions that you have completed ALL costings of this amplication form athematics your application may be delayed

Please ensure that you have completed **ALL** sections of this application form otherwise your application may be delayed or rejected. Most times, we will respond to your application via email, please ensure you check your inbox for any correspondences. Once you have completed your application form, along with a medical questionnaire and a photocopy of your driving licence. Forward it to the address or email below:

Driver Recruitment Go North West Limited Boyle Street Manchester M8 8UT

Email: recruitment@gonorthwest.co.uk



MEDICAL INFORMATION

In order to become a bus driver you must meet the medical standards set out by the DVLA (Driver Vehicle Licensing Authority). Certain medical conditions MAY prevent you from being granted a vocational driving licence.

As part of the recruitment process you will be required to undergo a medical examination with our Occupational Health advisors. If you have a history of any of the following conditions these will be discussed with you by our Occupational Health advisors at the medical examination. If you suffer from any of these conditions and are not sure whether they may prevent you from holding a vocational licence, we would suggest that you check with your own doctor before submitting the application form:

- Any Heart Condition
- Loss of sight or cataract removal
- Double or tunnel vision
- Sleep apnoea, narcolepsy or cataplexy
- Any epileptic attack or loss of consciousness
- Drink problem
- Drug addiction
- Amputations

The following conditions WILL prevent you from holding a vocational licence; if you have or suffer from any of the following conditions your application for a vocational licence will be rejected by the DVLA:

- Type 1 Diabetes Diabetes controlled by Insulin injections
- Epileptics needing to take medication to control their seizures
- Blindness

For health and safety reasons this company applies a maximum weight limit of 19 stone (120kg). If your weight is greater than this you will not be passed fit for employment. This is due to the type of drivers seats fitted to our vehicles.