



# APPLICATION FOR EMPLOYMENT

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

Post Applied for:

Preferred Location?

## A. PERSONAL DETAILS

Surname/  
Family Name

Forenames/  
Given Names

Former/Maiden Name  
(If appropriate)

Mr/Mrs/Miss/Ms

Your address:

Area/Town

County

Postcode

TEL Home: TEL Mobile:

E-mail address:

If you would like us to send correspondence relating to your application by e-mail please tick this box

National Insurance No:

Age:

Date of Birth: / /

## OFFICE USE

Aptitude Test

Drive

Drugs Test

Medical

Interview

Document Check

Interview Date/Time:

Approved for:

Location:

Grade:

Approved By:

Start date:

Ref Decision:

Comments:

## B

Have you previously worked for a Go-Ahead Group company?

NO

YES

If YES please give details below:

Where were you employed (name of Company)?

From

/

/

To

/

/

Why did you leave?

Have you previously applied to us for employment?

NO

YES

If YES when did you apply?

/

/

## C. HOW DID YOU HEAR ABOUT THE JOB?

Newspaper

Job Centre

Friend

Back of Bus

Poster

Internet

Other (please specify)

\_\_\_\_\_

## D. EMPLOYMENT HISTORY

Please provide a comprehensive 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.

Name & Address of Employer	Dates	What did you do?	Why did you leave?
	From  To		
	From  To		
	From  To		
	From  To		
	From  To		

Do you have any objection to your present or previous employers being approached for a reference prior to interview?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES** please state which Company and reason: \_\_\_\_\_

Do you require a visa/work permit to take employment in the United Kingdom? NO\_\_ YES \_\_

If **YES** what type of visa/work permit do you have and are you restricted by the type of employment you can take or the number of hours you are permitted to work (for example Student Visa)? Give details below:

We welcome applications from those with disabilities. Please indicate here whether you have a particular disability that might impact upon the job you have applied for

## E. YOUR DRIVING LICENCE DETAILS

UK Driving Licence Number			
How long have you held a full UK car driving licence?	Years	Months	

Have you exchanged a Foreign licence for a UK licence? NO  YES  If YES when? / /

Have you ever held an LGV or PCV licence?

LGV (Cat C) NO  YES  Expiry date of LGV (Cat C) \_\_\_/\_\_\_/\_\_\_

PCV (Cat D) NO  YES  Expiry date of PCV (Cat D) \_\_\_/\_\_\_/\_\_\_

If you already hold a PCV (category D) licence please state which organisation provided your PCV training. Please give details of types of vehicle driven and with what company (use section H if you need more space):

Have you undertaken any periodic training (Driver CPC) If so how many hours have you been accredited? \_\_\_\_\_

Have you completed the BTEC bus driver qualification? NO  YES

Are there any endorsements or driving convictions on your licence? NO  YES   
If YES give full details in Section F below.

Wherever possible enclose a photocopy of your licence. If you hold the new style photocard licence please copy the paper counterpart (D740) and **both** sides of the photocard. If you have been issued with a DQC card please enclose a copy

## F. CONVICTIONS

Have you ever been convicted for a criminal offence (which is not spent under the Rehabilitation of Offenders Act 1974) NO  YES  If YES please provide details of the offence and sentence in the space below.

If you have any driving offences please provide details in the space below. Use Section H if you need more space.

Date	Offence	Sentence/Court Order/Penalty/Fine

## G. EQUAL OPPORTUNITIES

We are keen to promote equal opportunities throughout our organisation. To help us monitor the effectiveness of our policy, please tick the box which you feel best describes your ethnic origin. Your answer will not affect your application in any way.

I would describe my ethnic origin as:

P  White European      R  Asian      T  Black African

Q  White Other      S  Black Caribbean      U  Black Other

If you do not feel that the above groups apply to you, please tick this box and specify how you would classify yourself:

V  \_\_\_\_\_

## H. 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 explicit 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: \_\_\_\_\_

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](mailto: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.