



## APPLICATION FORM – DRIVERS

All information given will be treated as strictly confidential.

PLEASE COMPLETE IN BLOCK CAPITALS

SURNAME (MR/MRS/MISS/MS): *(circle)*

FIRST NAMES:

ADDRESS:

  

TELEPHONE NUMBER (HOME):

TELEPHONE NUMBER (MOBILE):

DATE OF BIRTH:

MARITAL STATUS:

NUMBER OF CHILDREN AND AGES:

NEXT OF KIN:

NAME:

RELATIONSHIP TO YOU:

ADDRESS:

ARE YOU A REGISTERED DISABLED PERSON? YES/NO

IF SO PLEASE STATE REGISTRATION NUMBER:

NUMBER OF DAYS ILLNESS DURING THE LAST 2 YEARS:

**SECONDARY EDUCATION (NAME OF SCHOOL):**

**FROM/TO:**

**EXAMINATIONS PASSED & GRADES:**

**DO YOU HOLD A CURRENT PSV LICENCE? YES/NO Private Hire Licence? YES/NO Borough: \_\_\_\_\_**

**DATE YOU PASSED THE TEST:**

**HAVE YOU BEEN CONVICTED OF ANY DRIVING OFFENCES DURING THE PAST 11 YEARS? : YES/NO**

**DO YOU HAVE ANY SPECIALISED SKILLS OR LANGUAGES? YES/NO**

**IF SO PLEASE GIVE DETAILS:**

**DRIVING HISTORY**

**Have you ever been convicted of a motoring offence, or have a prosecution, or have a prosecution pending or sustained a fixed penalty resulting in an endorsement of the licence during the past 11 years? YES/NO**

**HAVE YOU EVER BEEN CONVICTED OF A MOTORING OFFENCE? : YES/NO *(if yes please detail below)***

**Conviction Type: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**Conviction Type: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**Conviction Type: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**GIVE DETAILS OF ALL ACCIDENTS, CLAIMS OR LOSSES WHICH HAVE OCCURRED IN THE LAST THREE YEARS IN CONNECTION WITH ANY VEHICLE OWNED OR DRIVEN BY YOU, IF NONE, and STATE NONE**

*(continue on a separate sheet if necessary)*

**TYPE OF VEHICLE:**

**DRIVEN:**

**DATE DETAILS OF ACCIDENT OWN DAMAGE:**

**COSTS/ESTIMATE**

**THIRD PARTY COSTS: \_\_\_\_\_ or ESTIMATE (£): \_\_\_\_\_**

**TYPE OF VEHICLE DRIVEN:**

**DATE DETAILS OF ACCIDENT OWN DAMAGE:**

**COSTS/ESTIMATE**

**THIRD PARTY COSTS: \_\_\_\_\_ or ESTIMATE (£): \_\_\_\_\_**

**TYPE OF VEHICLE DRIVEN:**

**DATE DETAILS OF ACCIDENT OWN DAMAGE:**

**COSTS/ESTIMATE**

**THIRD PARTY COSTS: \_\_\_\_\_ or ESTIMATE (£): \_\_\_\_\_**

HAVE YOU OR IN THE PAST HAD A DEFECT IN VISION OR HEARING, PHYSICAL OR MENTAL INFIRMITY OR SUFFERED FROM? : YES/NO

DIABETES:

EPILEPSY:

HEART COMPLAINT:

*(continue on separate sheet if necessary)*

RECEIVING TREATMENT NOW? : YES/NO

DESCRIPTION OF DISABILITY/CONDITION:

DATE DIAGNOSED:

ADVISED TO THE DVLA? : YES/NO

HAVE YOU, TO YOUR KNOWLEDGE, EVER HAD SPECIAL CONDITIONS ATTACHED TO A MOTOR VEHICLE INSURANCE COVERING YOU TO DRIVE? : YES/NO

IF SO PLEASE GIVE FULL DETAILS OF THE CONDITIONS:

DATE DIAGNOSED:

DO YOU HAVE A CRIMINAL RECORD? : YES/NO \_\_\_\_\_ *(If none please state)*

PLEASE NOTE ANY **CRIMINAL CONVICTIONS** EXCEPT THOSE 'SPENT' UNDER THE REHABILITATION OF OFFENDERS ACT 1974. Any applicant who is offered a position with the company will be required as a term and condition of their employment to produce written confirmation of a Police clearance check or, valid DBS as to their suitability for this important position.

**EMPLOYMENT HISTORY:**

PLEASE PUT PRESENT OR MOST RECENT EMPLOYER FIRST *(incl HM FORCES)*

COMPANY NAME:

ADDRESS:

TELEPHONE NUMBER:

NATURE OF BUSINESS:

POSITION & MAIN RESPONSIBILITIES:

START DATE:

LEAVE DATE:

LEAVING SALARY:

REASON FOR LEAVING:

COMPANY NAME:

ADDRESS:

TELEPHONE NUMBER:

NATURE OF BUSINESS:

POSITION & MAIN RESPONSIBILITIES:

START DATE:

LEAVE DATE:

LEAVING SALARY:

REASON FOR LEAVING

|  |                    |
|--|--------------------|
| <b>COMPANY NAME:</b>                         |                    |
| <b>ADDRESS:</b>                              |                    |
| <b>TELEPHONE NUMBER:</b>                     |                    |
| <b>NATURE OF BUSINESS:</b>                   |                    |
| <b>POSITION &amp; MAIN RESPONSIBILITIES:</b> |                    |
| <b>START DATE:</b>                           | <b>LEAVE DATE:</b> |
| <b>LEAVING SALARY:</b>                       |                    |
| <b>REASON FOR LEAVING</b>                    |                    |

**HAVE YOU GIVEN NOTICE TO YOUR CURRENT EMPLOYER? :** YES/NO  
**HOW SOON COULD YOU COMMENCE EMPLOYMENT WITH US? :** \_\_\_\_\_  
**PLEASE GIVE DETAILS OF HOLIDAY COMMITMENTS DURING THE NEXT 12 MONTHS:** \_\_\_\_\_  
**PLEASE GIVE THE NAME & Tel Nos: of next of kin** \_\_\_\_\_

**WORKING FOR THIS COMPANY**

Please give the names and addresses, telephone numbers of two people who may be contacted to provide references. Please state who may be contacted to provide references and state how you know them, one of which must be your most recent Employer who will be contacted, but not until your employment with them has ceased.

**Referee (1):**

**NAME:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE NO:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Referee (2):**

**NAME:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE NO:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**I CONFIRM THAT THE INFORMATION GIVEN IS TRUE & ACCURATE**

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE ONLY**

- DATE OF COMMENCEMENT:
- REFERENCES: YES/NO
- COPY OF CERTIFICATES: YES/NO
- COPY OF LICENCE TAKEN: YES/NO

**Return Application form to: -**  
[hr@bartoncoachcompany.com](mailto:hr@bartoncoachcompany.com)

or by post: Yard 2 Barton Industrial Estate Faldo Road Barton-Le-Clay Beds MK46 4RP