



Customer Service Centre, PO Box 57, Liverpool, L9 8YX
Tel / Fax : 0151 523 4010 Email : queries@peoplesbus.com

Application for the post of _____

Application Reference :

Mr/Mrs/Miss/Ms _____ Other _____

Surname _____ First Name _____

Other Names _____

Date of Birth ____/____/____

Home Address _____

_____ Postcode _____

Home Telephone Number _____ Mobile _____

Email Address _____

National Insurance Number _____

Schools & Colleges Attended :

Name of School	Date Joined	Date Left
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

Examinations taken and grades gained :

Examination type (G.C.S.E etc.)	Dates Taken	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Qualifications and memberships :

Employment History :

Please start with your last employer and list all positions you have held within the last ten years. Also include any periods of unemployment.

Employer _____ Position held _____

Address _____

Postcode _____

Contact Name _____ Contact Telephone No _____

Date Joined _____ Date Left _____

Reason for leaving _____

Wages _____ Per week / Month Bonus _____

Employer _____ Position held _____

Address _____

Postcode _____

Contact Name _____ Contact Telephone No _____

Date Joined _____ Date Left _____

Reason for leaving _____

Wages _____ Per week / Month Bonus _____

Employer _____ Position held _____

Address _____

Postcode _____

Contact Name _____ Contact Telephone No _____

Date Joined _____ Date Left _____

Reason for leaving _____

Wages _____ Per week / Month Bonus _____

Employer _____ Position held _____

Address _____

Postcode _____

Contact Name _____ Contact Telephone No _____

Date Joined _____ Date Left _____

Reason for leaving _____

Wages _____ Per week / Month Bonus _____

Continue on a separate sheet if necessary

References :

Please list below two referees who we may approach for a reference, one of which must be you current or last employer. **We will not write to your employer without contacting you first.**

Name : _____ Name _____

Address _____ Address _____

Postcode _____ Postcode _____

Tel No _____ Tel No _____

Character Enquiry

Before you can be regarded as qualified for appointment to Peoplesbus, we must be satisfied about your character. Will you please, therefore, read the notes below and complete this form

“Offence” in question 1, 2 & 3 includes motoring, but not parking offences

If you give any information which you know is false or if you withhold any relevant information, this may lead to your application being rejected or, if you have already been appointed, to your dismissal. You need to give details of any conviction which is spent under the rehabilitation of Offenders act 1974. Should you have any doubt as to whether or not a conviction is spent, you should, before filling in this form, seek advice from an appropriate person, e.g. a solicitor, the Clerk of the court where you were convicted or a Citizens Advice Bureau.

You must tell us immediately if you are charged with an offence after you complete this form and before you take up any job offered as a result of your application.

You must sign and date this form

Answering “Yes” to any of these questions will not necessarily prevent you from being appointed. Each case is considered on its merits.

Have you ever been convicted or found guilty of an offence by any court, in the United Kingdom or abroad, or by any court martial ?	YES	NO
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Are you on probation, on conditional discharge, or “bound over “ after being charged with any offence ?	YES	NO
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Have you been charged with any offence which is still pending ?	YES	NO
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If the answer to any of the above details is “yes”, you should include details of the date and place of the court hearing, the type of offence, the sentence or order of the court, and if applicable, the name and address of the probation officer.

Details :

May we approach the court concerned ?	YES	NO
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I declare that the information I have given is to the best of my knowledge and belief, true and accurate

Name : _____

Signature _____ Date _____

EQUAL OPPORTUNITY POLICY

Peoplesbus is an Equal Opportunities employer. We want to find out whether all applicants are treated equally whatever their race, colour or ethnic origin. To do this we need to know about the ethnic origin of people who apply to join us. Your answers will be treated confidentially and will not effect you job application.

Full Name _____

Please show which group best describes you ethnic origin or descent by ticking next to one of the following ;

Are You White ? ☐

Are you Asian ? Of Indian origin ☐

Of Pakistan origin ☐

Of Bangladeshi origin ☐

Of Chinese origin ☐

Of other origin ☐
(please describe below)

Are you Black ? Of Caribbean origin ☐

Of African origin ☐

Of other origin ? ☐
(please describe below)

Do you belong to any other group ? (Please describe below)

HEALTH DECLARATION

We want to be sure that we can reasonably expect you to be able to give regular and effective service, and we therefore ask you to provide us with some details about your health record. Each declaration we receive is considered individually and no decision to reject you on medical grounds will be made without referral to our Occupational Health Advisor. All information will be treated in the strictest confidence and will be seen by Personnel Managers only if you are recommended for appointment. However, should the details of a medical condition be such that you only want it to be seen by a medical practitioner, you may provide details in a sealed envelope. Peoplesbus is an equal opportunities employer and will recruit on a basis of ability, not perceived disability. Any information given on disabilities or medical history will assist us in assessing where reasonable adjustments to duties or the workplace can be made.

Full Name _____

Post applied for _____

Date of Birth _____ Height _____ Weight _____

Do you have any disability which may affect you ability to undertake the tasks set out in the job description or which require special arrangements ? If yes, give details

YES NO

If the answer to the above question was “yes”, what facilities, adjustments or equipment (if any) would enable you to perform the duties of the post most effectively ? (Use a separate sheet if necessary)

Are you now or have you been in the past under any medical treatment or observation, taken any form of medication to control or stabilise a condition (e.g. insulin for diabetes or ventoline for asthma) undergone any operation or hospital treatment, or had any serious accident ? If yes, please give details

YES NO

Have you now or in the past had any disease or complaint, other than normal childhood illnesses, colds and flu's ? If yes, please give details

YES NO

Have you ever left or been denied employment in the past on the grounds of ill-health, unsatisfactory attendance or been medically retired on the grounds of ill health ? If yes, please give details

YES NO

How many days have you taken off work for reasons of sickness in the last two years of your current / most recent employment ?

Days Self Cert ____
Days with Doctors Note _____

In the past five years have you had any warning or advise regarding you sickness record from a previous employer ? YES NO

Have you now or in the past had any drug or alcohol related problems ? If yes, please give details, including medication YES NO

Have you now or in the past had any back, muscle or joint problems (e.g. slipped disc, rheumatism, arthritis) or any work-related upper limb disorder (e.g., for keyboard / VDU use) ? If yes, please details including medication YES NO

Have you now or in the past had depression or any other stress related illness ? Please give details YES NO

Have you consulted a doctor at any time in the past five years regarding any illness or condition ?
If yes, please give details YES NO

May our medical advisor approach your GP and, if necessary you hospital specialist for medical information on your health ? YES NO

If an approach to you Doctor(s) is made, do you wish to see any medical report produced before it is supplied to your GP or specialist or may it be forwarded directly to our medical advisor (see summary below of terms of the Access to Medical reports Act 1988)

See before supply ☐ Forward to our medical advisor ☐

What is the name of your GP ?

Name _____

Address _____

Telephone _____

I declare that the information given on this form is to the best of my knowledge correct and understand that if at any time in the future the information is found to be false, any contract or employment I have with Peoplesbus may be terminated without notice.

Name _____

Signed _____ Date _____

NB : if any of the answers provided on this form change during any stage of the selection process, please notify us immediately.

Driving Licence details :

Licence No _____

Date Passed Car Test _____ Date Passed PCV _____

Licence categories _____

Any points / Convictions ? Please list type of offence, offence code, date, outcome etc

Have you ever appeared before the Traffic Commissioner ? If yes please state the reasons why.

Types of past vehicles driven _____

I declare that the information that I have given on this application is true and accurate to the best of my knowledge. I understand that if I am engaged by the company and any of the information supplied was inaccurate that it would lead to my instant dismissal.

Signed _____ Print Name _____

Date _____

ACCESS TO MEDICAL REPORTS ACT 1988

You may withhold your consent for the Peoplesbus medical Advisor to apply to your doctor / hospital specialist for medical information. If you give your consent, you may see any report compiled by your doctor / specialist before it is supplied to us.

You have calendar 21 days from the date of the letter notifying you that a report has been requested in which to ask your doctor / specialist for access to the report. If you do request access, your doctor / specialist will advise you whether for professional medical reasons, any part of the report is being withheld and will not send the report to our medical advisor until you give your consent.

If you regard any part of the report incorrect or misleading, you can ask for it to be amended. Your doctor / specialist is not obliged to change the report, but where they choose not to make any amendment, they will invite you to prepare a written statement on the disputed information for attachment to the report.

Subject to the provisions of the act, you have the right to see the report for up to six months after it is sent to our medical advisor.

If your doctor / specialist gives you a copy of the report at your request, they may level a reasonable fee to cover any cost incurred.

Office Use Only

App recd on _____ Opened By _____

Suitable: Yes / No / ?

Ref. 1 checked : OK ? / Comments _____

Ref. 2 Checked : OK / ? Comments _____

Driving test : OK / No / Req further training Test Date _____

Interview Date _____ Employment Commenced _____

Other Comments _____

Approved By : _____