

Driving Licence Information

When did you pass your PCV test? Entitlement D D1 Full Auto only

Driving Licence Number

Expiry Date(s) Cat. B Cat D/D1
Is your licence clean? Y/N Give details of any points/endorsements.

Do you hold a current DCPC: Yes/No If yes, expiry date:

Do you own your own transport?

Give details of any criminal convictions in the past 5 years, together with ANY which have resulted in a prison sentence. If none, you must write NONE here. (Exclude those spent under Rehabilitation of Offenders Act 1974)

Give details of any pending criminal prosecutions. If none, you must write NONE here.

Mike de Courcey Travel Ltd carries out, at our cost CRB (Criminal Records Bureau) Checks on its employees, do you have any objections to a CRB check being undertaken? If you have no objections, you must write NO here.

Have you been in any Road Traffic Accidents, as a driver, in the last 5 years, if no, you must write NO here.

Please answer the questions below. Write YES or NO and give further details if required.

Are you legally eligible to live and work in the UK in accordance with the Asylum and Immigration Act 1996?

Can you provide a specified document such as passport, P60, or birth certificate?

Are you willing to undergo a medical examination?

Do you have outside commitments that could limit you working hours, such as being a JP, councillor in local government or a member of the TA? If Yes please give details

Work Availability

If currently employed, how much notice will you have to give your current employer?

Do you have existing holiday commitments? If YES, please give all details.

Education and Skills

Please give details of schools, colleges and universities attended since age 14.

Name of Establishment	GCSE/O-level or equivalent	A- Level/Degree or equivalent
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Please give details of other skills and qualifications you have obtained.

Employment

Are you currently employed? If NO please give reason.

Have you ever been dismissed by an employer? If YES please give details of what happened.

Please give details of your past employment. Start with your current or last employer first.

Name	Address	Position	Rate of Pay	Dates
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Do you have any part-time or evening jobs that you intend to continue? If YES give details.

References

Please give the name and addresses of two people that we may contact for references. One must be your last employer.

Name

Address

Telephone

How do you know the referee?

Name

Address

Telephone

How do you know the referee?

DECLARATION

I declare that to the best of my knowledge the statements made on this form are both true and complete. I understand that applicants who make false declarations are liable to disciplinary action, which may result in summary dismissal.

I give my permission for my previous employers and any references to be contacted.

Signed _____

Date _____

- Consent under the Data Protection Act 1998 - the information given to Mike de Courcey Travel Ltd in this form will be processed only by Mike de Courcey Travel Ltd for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained for such times as you are an employee and for up to 6 years after the end of your employment. Otherwise, this form will only be retained by Mike de Courcey Travel Ltd for so long as it is required in connection with your application.
- By signing this consent you give your express consent to retain and process all the information contained in this form.
- Mike de Courcey Travel Ltd is an equal opportunities employer.

Signed _____

Date _____

IMPORTANT:

For this application to be valid you must also complete the attached Pre-Employment Medical Questionnaire. If you do not, your application cannot be considered.



Mike de Coursey Travel Ltd
Rowley Drive
Coventry
CV3 4FG
Tel: 024 7630 2656
Fax: 024 7663 9276

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Data Protection Notice:

All information disclosed will be treated in the strictest confidence and will be used only for the purposes detailed in the Data Protection Act 1998.

Information is requested prior to you commencing employment with the company, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety regulations.

We also request this information to establish if we may need to make any reasonable adjustments to assist you in performing the work in accordance with the requirements under the Disability Discrimination Act 1995.

Your doctor will not be contacted without your prior written consent.

FULL NAME:

DATE OF BIRTH:

General Practitioner Details

Name of GP			
Address of Surgery			
	Telephone		Post Code

Medical History

Section One

Answer the following questions at truthfully as possible

Have you suffered from any of the following:		Yes	No
Please complete Section Two if you answer YES to any question.			
1	Fainting, Black-outs, Giddiness, Epilepsy or fits of any kind		
2	Heart Disease or Disorders, e.g. Rheumatic Fever or Angina		
3	Raised Blood Pressure or Stroke		
4	Tuberculosis (TB)		
5	Asthma, Bronchitis		
6	Mental Illness, Stress, Depression, Anxiety or Nervous Disability		
7	Dermatitis or any other Skin Disease/Disorder		
8	Gastric Disorder, Stomach/Bowel Disorder or Ulcers		
9	Rheumatism, Arthritis or Joint trouble		
10	Back Pain, Disc Trouble or Sciatica		
11	Diabetes		
12	Any Eye Disease or Disturbance of Vision		
13	Headaches, Migraine		
14	Hayfever, Seasonal Affected Disorder		

15	Any disease of the Ear, Loss or Hearing or Perforated Ear Drums		
16	Any Accident or Injury		
17	Any other illness not listed above		
18	Have you ever had a chest X-ray?		
19	Have you ever been rejected or invalidated on medical grounds from the Armed Forces or any previous employment?		
20	Are you at present receiving any medication; tablets, Injections,		
21	Have you ever been in hospital for an operation, medical treatment or attended as an outpatient for investigations.		
22	Have you undergone any surgery or operation within the past 10 years?		
23	Have you ever worked in an industry with high noise levels, been directly exposed to asbestos or other hazardous materials, or had to use hand held vibratory tools?		
24	In the past 10 years have you ever taken more than One months sick leave on any occasion?		
25	Are you registered Disabled? If yes complete below Registration Number..... Date Registered..... Expiry Date..... Nature of Disability		
26	Have you ever made a claim for an industrial disease or injury?		
27	Have you ever had any addiction to Alcohol or Drugs?		
28	Have you in the past 10 years had a period of illness resulting in long-term (more than 4 weeks) absence from work?		

Section Two

IF YOU HAVE ANSWERED **YES** TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE DETAILS BELOW, ELSE WRITE **NONE**. (Please complete on a separate sheet if more space is required)

Declaration:

I declare that to the best of my knowledge the statements made on this form are both true and complete. I understand that applicants who make false declarations are liable to disciplinary action, which may result in summary dismissal.

Signature:

Date:

Office use only

Form Received by:

Date: