

Centaur

Centaur Overland Travel Ltd., Unit 34-35 Acom Industrial Park, Crayford, Kent. DA1 4AL Phone. 01322 625370
www.centaurcoaches.com | www.centaurcommute.com

COACH DRIVER APPLICATION

PLEASE ANSWER ALL QUESTIONS IN FULL (BLOCK CAPITALS) IN EITHER BLUE OR BLACK INK
PLEASE CIRCLE CORRECT RESPONSES WHERE NECESSARY.

POSITION APPLIED FOR:		WHERE DID YOU HEAR OF THE VACANCY?	
SURNAME:		FIRST NAME(S):	TITLE:

ADDRESS:		HOME TEL NO:	
		MOBILE TEL NO:	
		WORK TEL NO:	
EMAIL:			

DATE OF BIRTH: / /	MARITAL STATUS:	SEX: MALE / FEMALE
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ARE YOU IN GOOD HEALTH	YES / NO	ARE YOU RECEIVING MEDICAL TREATMENT?	YES / NO
ARE YOU WILLING TO UNDERGO A MEDICAL?	YES / NO	IN THE LAST 10 YEARS HAVE YOU HAD ANY LONG PERIODS OF ILLNESS LONGER THAN 4 WEEKS ABSENCE FROM WORK	YES / NO

PLEASE GIVE DETAILS OF THE ABOVE IF NECESSARY

ARE YOU REGISTERED DISABLED	YES / NO	IF YES PLEASE GIVE DETAILS:
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NATIONAL INSURANCE NO:

DO YOU HAVE ANY CRIMINAL OR DRIVING CONVICTIONS THAT HAVE OCCURRED IN THE LAST 5 YEARS	YES / NO
HAVE YOU AT ANY TIME BEEN CONVICTED OF A CRIME THAT HAS RESULTED IN A PRISON SENTENCE	YES / NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE GIVE DETAILS

PLEASE CONFIRM THAT YOU ARE WILLING TO CONSENT TO A CHECK ON YOUR CRIMINAL RECORD	YES / NO
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DO YOU HAVE A CURRENT DRIVING LICENCE	YES / NO	DRIVING LICENCE NO.	
VEHICLE ENTITLEMENTS ON YOUR LICENCE			

DO YOU HAVE ANY HOLIDAY COMMITMENTS	YES / NO	PLEASE GIVE DATES:
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ARE YOU CURRENTLY EMPLOYED	YES / NO	IF YES PLEASE GIVE DETAILS INCLUDING NOTICE PERIOD:
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HAVE YOU EVER BEEN DISMISSED FROM AN EMPLOYMENT	YES / NO	IF YES PLEASE GIVE DETAILS OF WHY:
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ARE YOU LEGALLY ELIGIBLE TO LIVE AND WORK IN THE UK IN ACCORDANCE WITH THE ASYLUM AND IMMIGRATION ACT 1996	YES / NO
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IF NECESSARY ARE YOU ABLE TO PROVIDE ANY OF THE DOCUMENTS LISTED BELOW, FOR PURPOSES OF A CRB CHECK					
PASSPORT		P45 / P60		UN BIRTHCERTIFICATE	OTHER DOCUMENT:
IF YOU ARE NOT A UK OR EU NATIONAL, PLEASE GIVE YOUR WORK PERMIT NUMBER					

EDUCATION AND TRAINING		
PLEASE LIST SCHOOLS / COLLEGES / UNIVERSITIES ATTENDED, AS WELL AS ANY FULL / PART TIME COURSES INCLUDING APPRENTICESHIPS AND VOCATIONAL QUALIFICATIONS		
SUBJECT STUDIED / COURSE TITLE	QUALIFICATION ACHIEVED	GRADE / YEAR

EMPLOYMENT DETAILS						
PLEASE GIVE DETAILS OF PREVIOUS EMPLOYMENT (MOST RECENT FIRST)						
NAME & ADDRESS OF EMPLOYER		JOB TITLE & MAIN DUTIES			REASON FOR LEAVING	
TEL NO:		DATES EMPLOYED	FROM / /	TO / /	RATE OF PAY:	
NAME & ADDRESS OF EMPLOYER		JOB TITLE & MAIN DUTIES			REASON FOR LEAVING	
TEL NO:		DATES EMPLOYED	FROM / /	TO / /	RATE OF PAY:	
NAME & ADDRESS OF EMPLOYER		JOB TITLE & MAIN DUTIES			REASON FOR LEAVING	
TEL NO:		DATES EMPLOYED	FROM / /	TO / /	RATE OF PAY:	

PLEASE STATE WHAT ATTRACTED YOU TO THE JOB YOU ARE APPLYING FOR:

BANK DETAILS			
NAME & ADDRESS OF BANK OR BUILDING SOCIETY			
ACCOUNT NUMBER		SORT CODE	

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PLEASE PROVIDE DETAILS OF 2 REFERENCES THAT WE MAY CONTACT, WHO ARE WILLING TO GIVE YOU A REFERENCE			
REFERENCE 1		REFERENCE 2	
NAME:		NAME:	
ADDRESS		ADDRESS	
TEL NO.		TEL NO.	
EMAIL		EMAIL	

DECLARATION – PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION FORM
<p>I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS COMPLETE AND CORRECT AND THAT ANY UNTRUE OR MISLEADING INFORMATION WILL BE SUFFICIENT CAUSE FOR REJECTION OR IF EMPLOYED, DISMISSAL.</p> <p>THE INFORMATION YOU GIVE US WILL BE KEPT CONFIDENTIAL AND YOUR PERSONNEL INFORMATION WILL NOT BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR PRIOR CONSENT EXCEPT WHERE NECESSARY TO CONFIRM FACTUAL INFORMATION PROVIDED BY YOU.</p> <p>SIGNATURE:.....</p> <p>DATED:/...../20.....</p>

OFFICE USE ONLY

IS CANDIDATE SUITABLE FOR POSITION?	START DATE OF APPLICANT?	
YES / NO	/ /20	

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Equal Opportunities Monitoring Information

It is the company’s policy to employ the best qualified personnel and provide equal opportunities and not to be discriminated against any person because of race, colour, gender, religion or belief, sexual orientation, age or disability.

Please either circle or tick the relevant answers where necessary to enable the company to monitor its equal opportunity police. This information is used for no other purpose and will be treated as confidential.

Name (Block Capitals)..... Date of Birth...../...../.....

Gender Male Female

Please state your nationality:.....

Ethnic origin (please tick the relevant box)

White – British	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Other mixed Background	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	Other ethnic background	<input type="checkbox"/>

Do you consider yourself disabled? YES / NO

The disabilities Discrimination Act 1995 state that “A person has a disability for the purpose of this act if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities”.

(please circle the relevant answer) YES / NO

If yes please specify:
.....
.....

Sexual Orientation:

Religion:.....