

APPLICATION FOR EMPLOYMENT

**Johnson Bros Tours / Redfern Travel / S&G Coachworks**

www.johnsonstours.co.uk

PLEASE USE BLOCK CAPITALS THROUGHOUT AND WRITE IN BLACK INK ALLOWING THE FORM TO BE PHOTOCOPIED IF REQUIRED IF YOU NEED TO USE ADDITIONAL SHEETS TO GIVE FURTHER INFORMATION PLEASE ENSURE THEY ARE NAMED

POST APPLIED FOR?	DATE AVAILABLE TO TAKE UP POSITION?	
WHERE DID YOU SEE THE VACANCY ADVERTISED?		
ON WHAT BASIS ARE YOU APPLYING FOR THIS POST? FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> No OF HOURS <input type="text"/>		
<b>PERSONAL DETAILS</b>		
TITLE	SURNAME	FIRST NAME(S)
HAVE YOU EVER USED ANY OTHER NAME? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE STATE		
TELEPHONE HOME	MOBILE	WORK
ADDRESS (IN FULL)		
EMAIL (IF APPLICABLE)		
DO YOU HOLD A VALID UK PASSPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> PASSPORT NUMBER		
NATIONAL INSURANCE No		
DO YOU HOLD A VALID DRIVING LICENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> IS IT CLEAN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO PLEASE GIVE DETAILS BELOW		
(CONTINUE ON A SEPARATE SHEET IF NECESSARY)		
PCV TYPE - PROVISIONAL/FULL	OTHER LICENCE(S) (IF APPLICABLE)	
ARE YOU IN POSSESSION OF A CURRENT DIGITAL TACHO CARD? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DO YOU WEAR SPECTACLES FOR DRIVING? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CPC EXPIRY DATE	NUMBER OF MODULES/HOURS COMPLETED TOWARDS CPC <input type="text"/>	
DO YOU HAVE TRANSPORT AVAILABLE IF THE DUTIES OF THE POST REQUIRE YOU TO TRAVEL? YES <input type="checkbox"/> NO <input type="checkbox"/> HAVE YOU		
HAD ANY ROADSIDE ENCOUNTERS WITH THE DVSA IN THE PAST 5 YEARS?		
HAVE YOU EVER BEEN REFUSED MOTOR INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE GIVE DETAILS BELOW		
(CONTINUE ON A SEPARATE SHEET IF NECESSARY)		
HAVE YOU HAD ANY MOTOR ACCIDENTS IN THE LAST 5 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WERE ANY YOUR FAULT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE GIVE DETAILS BELOW		
WERE ANY WORK RELATED COLLISIONS INVOLVING POLICE OR INSURANCE?		
(CONTINUE ON A SEPARATE SHEET IF NECESSARY)		
DO YOU SMOKE? YES <input type="checkbox"/> NO <input type="checkbox"/> DO YOU USE DRUGS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HOW MANY UNITS OF ALCOHOL DO YOU DRINK IN A WEEK? <input type="text"/>		

**BREAKS IN EMPLOYMENT HISTORY**  
 IF YOU HAVE HAD ANY BREAKS IN EMPLOYMENT SINCE LEAVING SCHOOL PLEASE GIVE DATES AND DETAILS OF YOUR ACTIVITIES DURING THESE TIMES EG UNEMPLOYMENT RAISING A FAMILY STUDY VOLUNTARY WORK ETC

DATES FROM/TO	REASON FOR BREAK

**EDUCATION AND QUALIFICATIONS**

DATES FROM/TO	EDUCATIONAL ESTABLISHMENT	NAME OF COURSE/QUALIFICATIONS GAINED AND GRADES

**OTHER RELEVANT TRAINING/EXPERIENCE**

EG RECOGNISED APPRENTICESHIP FIRST AID FIRE WARDEN HEALTH & SAFETY WORKS COUNCIL

DATE ACHIEVED	ORGANISING BODY	BRIEF DESCRIPTION OF COURSE AND STANDARD

**ALTERNATIVE OR ADDITIONAL LANGUAGES SPOKEN**

- 1.
- 2.
- 3.

<b>CURRENT OR MOST RECENT EMPLOYMENT</b>	
1. NAME AND ADDRESS OF EMPLOYER	
JOB TITLE	CURRENT OR LAST SALARY
AVERAGE WEEKLY HOURS	NOTICE REQUIRED IN CURRENT JOB
DATE STARTED IN POST	DATE OF LEAVING (IF RELEVANT)
REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES	

<b>EMPLOYMENT HISTORY</b>				
PLEASE LIST ALL EMPLOYMENT SINCE LEAVING FULL TIME EDUCATION STARTING WITH THE MOST RECENT				
CONTINUE ON SEPARATE SHEET IF NECESSARY				
EMPLOYERS NAME AND ADDRESS	DATES FROM/TO	JOB TITLE	AVERAGE WEEKLY HOURS	REASON FOR LEAVING
2.				
3.				
4.				
5.				

**REFERENCES**  
 PLEASE GIVE THE NAMES AND ADDRESSES OF TWO PEOPLE WHO WOULD BE WILLING TO SUPPLY A REFERENCE FOR YOU WHERE POSSIBLE BOTH OF THESE SHOULD BE YOUR TWO MOST RECENT EMPLOYERS JOHNSON BROS TOURS/ REDFERN TRAVEL WILL ONLY TAKE UP REFERENCES IF YOU ARE OFFERED THE POSITION

<b>REF 1</b>	<b>TITLE</b>	<b>NAME</b>
<b>ADDRESS (IN FULL)</b>		

<b>TELEPHONE No</b>	<b>FAX No (IF APPLICABLE)</b>
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**EMAIL ADDRESS (IF APPLICABLE)**

**RELATIONSHIP TO YOU?**

<b>REF 2</b>	<b>TITLE</b>	<b>NAME</b>
<b>ADDRESS (IN FULL)</b>		

<b>TELEPHONE No</b>	<b>FAX No (IF APPLICABLE)</b>
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**EMAIL ADDRESS (IF APPLICABLE)**

**RELATIONSHIP TO YOU?**

ARE YOU A U.K. CITIZEN? YES  NO  IF NO ARE YOU AUTHORISED TO WORK IN UK? YES  NO

DO YOU HOLD A VALID DISCLOSURE & BARRING SERVICE CHECK [DBS]? YES  NO  DISCLOSE NUMBER

**CRIMINAL RECORD**  
 THE AMENDMENTS TO THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 (2013 AND 2020) PROVIDES THAT WHEN APPLYING FOR CERTAIN JOBS AND ACTIVITIES, CERTAIN CONVICTIONS AND CAUTIONS ARE CONSIDERED 'PROTECTED'. THIS MEANS THAT THEY DO NOT NEED TO BE DISCLOSED TO EMPLOYERS, AND IF THEY ARE DISCLOSED, EMPLOYERS CANNOT TAKE THEM INTO ACCOUNT. GUIDANCE ABOUT WHETHER A CONVICTION OR CAUTION SHOULD BE DISCLOSED CAN BE FOUND ON THE MINISTRY OF JUSTICE WEBSITE. PLEASE NOTE ANY CRIMINAL CONVICTIONS EXCEPT THOSE 'SPENT', OR OTHERWISE 'PROTECTED', UNDER THE REHABILITATION OF OFFENDERS ACT 1974.

**DATA PROTECTION STATEMENT**  
 ALL OF THE INFORMATION COLLECTED IN THIS FORM IS NECESSARY AND RELEVANT TO THE PERFORMANCE OF THE JOB APPLIED FOR. WE WILL USE THE INFORMATION PROVIDED BY YOU ON THIS FORM, BY THE REFEREES YOU HAVE NOTED, AND THE EDUCATIONAL INSTITUTIONS WITH WHOM WE MAY UNDERTAKE TO VERIFY YOUR QUALIFICATIONS WITH, FOR RECRUITMENT PURPOSES ONLY. THE COMPANY WILL TREAT ALL PERSONAL INFORMATION WITH THE UTMOST CONFIDENTIALITY AND IN LINE WITH CURRENT DATA PROTECTION LEGISLATION.  
 SHOULD YOU BE SUCCESSFUL IN YOUR APPLICATION, THE INFORMATION PROVIDED, AND FURTHER INFORMATION WHICH WILL BE GATHERED AT THE RELEVANT TIME, WILL BE SUBSEQUENTLY USED FOR THE ADMINISTRATION OF YOUR EMPLOYMENT AND IN RELATION TO ANY LEGAL CHALLENGE WHICH MAY BE MADE REGARDING OUR RECRUITMENT PRACTICES.  
 FOR MORE INFORMATION ON HOW WE USE THE INFORMATION YOU HAVE PROVIDED, PLEASE CONTACT RICHARD DOWNS AT RICHARD@JOHNSONSTOURS.CO.UK

**MONITORING INFORMATION FORM EQUAL OPPORTUNITIES**

**HOW WOULD YOU DESCRIBE YOURSELF?**  
 CHOOSE ONE SECTION FROM A TO F AND THEN TICK THE APPROPRIATE BOX(ES)

- A  ASIAN OR ASIAN BRITISH
- BANGLADESHI
- INDIAN
- PAKISTANI
- ANY OTHER ASIAN BACKGROUND PLEASE WRITE IN BOX .....
- B  BLACK
- AFRICAN
- CARIBBEAN
- ANY OTHER BLACK BACKGROUND PLEASE WRITE IN BOX .....
- C  CHINESE OR OTHER ETHNIC GROUP
- CHINESE
- ANY OTHER PLEASE WRITE IN BOX .....

- D  MIXED HERITAGE  
 WHITE AND ASIAN  
 WHITE AND BLACK AFRICAN  
 WHITE AND BLACK CARIBBEAN  
 ANY OTHER MIXED BACKGROUND PLEASE WRITE IN BOX .....
- E  WHITE  
 BRITISH  
 ENGLISH  
 IRISH  
 SCOTTISH  
 WELSH  
 ANY OTHER WHITE BACKGROUND PLEASE WRITE IN BOX .....
- F  PREFER NOT TO SAY

**MONITORING QUESTIONS**

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY OR A LONG-TERM HEALTH CONDITION?** YES  NO

**WHAT IS THE EFFECT OR IMPACT OF YOUR DISABILITY OR HEALTH CONDITION?**  PREFER NOT TO SAY

**WOULD YOU DESCRIBE YOURSELF AS?** MALE  FEMALE  PREFER NOT TO SAY

**WHAT IS YOUR SEXUAL ORIENTATION?**

- BISEXUAL  
 GAY MAN  
 GAY WOMAN/LESBIAN  
 HETEROSEXUAL/STRAIGHT OTHER  
 PREFER NOT TO SAY

**WHAT IS YOUR DATE OF BIRTH?**        /        /        (DD/MM/YEAR)  PREFER NOT TO SAY

**PLEASE TICK THE BOX THAT BEST DESCRIBES YOU?**

- BUDDHIST  
 CHRISTIAN  
 HINDU  
 JEW  
 MUSLIM  
 SIKH  
 OTHER RELIGION OR BELIEF (PLEASE STATE) .....
- NO RELIGION  
 PREFER NOT TO SAY

**DECLARATION**

I DECLARE THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE I UNDERSTAND THAT THE COMPANY RESERVES THE RIGHT TO WITHDRAW ANY OFFER OF EMPLOYMENT ALREADY COMMENCED IF THE INFORMATION GIVEN BY ME IS DELIBERATELY INCORRECT OR MISLEADING IN ANY WAY I UNDERSTAND THAT MY EMPLOYMENT IS SUBJECT TO THE RECEIPT OF REFERENCES THAT ARE SATISFACTORY TO THE COMPANY AND PRODUCTION OF VALID DOCUMENTATION IN ACCORDANCE WITH THE ASYLUM AND IMMIGRATION ACT

**SIGNATURE OF APPLICANT**

**DATE**

**PLEASE SEND YOUR COMPLETED APPLICATION FORM TO THE RELEVANT DEPARTMENT**  
**JOHNSON BROS TOURS PORTLAND HOUSE DUKERIES INDUSTRIAL ESTATE CLAYLANDS AVENUE WORKSOP NOTTS S81 7BQ**  
**EMAIL ENQUIRIES@JOHNSONSTOURS.CO.UK**  
**REDFERN TRAVEL LTD THE SIDINGS OFF DEBDALE LANE MANSFIELD WOODHOUSE NOTTINGHAMSHIRE NG19 7FE**  
**EMAIL ENQUIRIES@REDFERNTRAVEL.NET**  
**S&G COACHWORKS LTD UNITS 3&4 THE SIDINGS OFF DEBDALE LANE MANSFIELD WOODHOUSE NOTTINGHAMSHIRE NG19 7FE**  
**EMAIL ENQUIRIES@SANDGCOACHWORKS.CO.UK**

**FOR OFFICIAL USE ONLY**

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|---|--|----------|
| 1. FIRST INTERVIEW DATE   | INTERVIEWED BY   | INITIALS |
| 2. SECOND INTERVIEW DATE  | INTERVIEWED BY   | INITIALS |
| 3. CV SUPPLIED?   | YES <input type="checkbox"/> NO <input type="checkbox"/> |          |
| 4. CONFIRMATION THAT THE CANDIDATES PERSONAL DOCUMENTATION HAS BEEN REVIEWED AND THAT HE/SHE IS ELIGIBLE TO WORK IN UK? | YES <input type="checkbox"/> NO <input type="checkbox"/> |          |

LINE MANAGER SIGNATURE