

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"/>		
PERSONAL DETAILS		
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 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		
(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.

CURRENT OR MOST RECENT EMPLOYMENT	
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	

EMPLOYMENT HISTORY				
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

REF 1	TITLE	NAME
ADDRESS (IN FULL)		
TELEPHONE No		FAX No (IF APPLICABLE)
EMAIL ADDRESS (IF APPLICABLE)		
RELATIONSHIP TO YOU?		
REF 2	TITLE	NAME
ADDRESS (IN FULL)		
TELEPHONE No		FAX No (IF APPLICABLE)
EMAIL ADDRESS (IF APPLICABLE)		
RELATIONSHIP TO YOU?		
ARE YOU A U.K. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO ARE YOU AUTHORISED TO WORK IN UK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DO YOU HOLD A VALID DISCLOSURE & BARRING SERVICE CHECK [DBS]? YES <input type="checkbox"/> NO <input type="checkbox"/> DISCLOSE NUMBER <input style="width:100px;" type="text"/>		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCES THAT ARE NOT REGARDED AS SPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974 OR HAVE YOU ANY CRIMINAL CHARGES OUTSTANDING? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES PLEASE GIVE DETAILS BELOW		(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

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 MANAGER AT JOHNSON BROS TOURS PORTLAND HOUSE DUKERIES INDUSTRIAL ESTATE CLAYLANDS AVENUE WORKSOP NOTTS S81 7BQ TEL 01909 720337 - 01909 721847 FAX 01909 481054 EMAIL ENQUIRIES@JOHNSONSTOURS.CO.UK		
FOR OFFICIAL USE ONLY		
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		

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