

CONFIDENTIAL

WEST MIDLANDS SPECIAL NEEDS TRANSPORT

Registered Charity No. 700370

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

Please complete this form accurately and in full, as it forms the initial stage of the selection procedure. PLEASE USE BLACK INK.

Please return to:

How did you hear about this vacancy? *(Please tick)*

Job Centre

Advert *(Please specify)*

Friend or Relative

Other *(Please specify)*

PERSONAL DETAILS:

TITLE: MR, MRS, MISS, MS	FORENAMES:	SURNAME:
ADDRESS:	HOME TEL NO:	
	MOBILE NO:	
	WORK NO:	
	E-MAIL ADDRESS:	
POSTCODE:		
NATIONAL INSURANCE NO:		
DRIVING LICENCE NO:	CATEGORIES:	DATE PASSED TEST:
Do you need a work permit to work in the UK? YES / NO		
Details of any convictions for criminal offences, not considered 'spent' under the Rehabilitation of Offenders Act (1974):		
Have you ever been dismissed or asked to resign (other than redundancy): YES / NO (If YES give details)		

EDUCATION / QUALIFICATIONS / TRAINING:

Name of School	Examinations Taken	Level	Grade

MEMBERSHIP OF PROFESSIONAL INSTITUTIONS: Please list any professional institutions of which you are a member, giving date of membership and status

EMPLOYMENT HISTORY: Please list all past employers (most recent first), giving name, address and telephone number of the employer. Please also indicate the employer's business (e.g. supermarket).

PRESENT EMPLOYMENT

NAME & ADDRESS OF EMPLOYER:	POSITION HELD:	
	FROM:	To:
	SALARY:	
	REASON FOR LEAVING:	
	NOTICE REQUIRED:	
	TOTAL NO. OF DAYS SICKNESS: (within last 12 months)	
EMPLOYERS BUSINESS:		
TELEPHONE NUMBER:		
DUTIES:		

PREVIOUS EMPLOYMENT (Most recent first. Please attach an additional sheet if necessary).

NAME & ADDRESS OF EMPLOYER:	POSITION HELD:	
	FROM:	TO:
	SALARY:	
	REASON FOR LEAVING:	
	TOTAL NO. OF DAYS SICKNESS: (within last 12 months)	
EMPLOYERS BUSINESS:		
TELEPHONE NUMBER:		
DUTIES:		

NAME & ADDRESS OF EMPLOYER:	POSITION HELD:	
	FROM:	TO:
	SALARY:	
	REASON FOR LEAVING:	
	TOTAL NO. OF DAYS SICKNESS: (within last 12 months)	
EMPLOYERS BUSINESS:		
TELEPHONE NUMBER:		
DUTIES:		

NAME & ADDRESS OF EMPLOYER:	POSITION HELD:	
	FROM:	To:
	SALARY:	
	REASON FOR LEAVING:	
	TOTAL NO. OF DAYS SICKNESS: (within last 12 months)	
EMPLOYERS BUSINESS:		
TELEPHONE NUMBER:		
DUTIES:		

REASON FOR APPLICATION:

Please state how your skills, knowledge and previous experience are relevant to this particular job and why you feel you are suited to this post. These may have been gained through paid or unpaid employment, community or voluntary work, domestic/family, leisure interests or activities, or training and education. Use separate sheet if required.

CONFLICT OF INTEREST STATEMENT

Are you related to any member of the organisation? YES / NO: If 'Yes' state relationship _____

Do you, your partner, your friends or any other member of your family hold any contracts to supply the organisation with goods or services? YES / NO: If 'Yes' please give details _____

REFERENCES:

Please give names, addresses and telephone numbers of two referees, one of whom should be your present/most recent employer. School leavers should give names of Lecturers/Headteacher as appropriate. **Should you not wish for us to contact the referees prior to offer, then please enter an 'X' in the relevant box.**

PROFESSIONAL	CHARACTER OR PROFESSIONAL
NAME: ADDRESS:	NAME: ADDRESS:
TEL NO: <input type="checkbox"/>	TEL NO: <input type="checkbox"/>

DATA PROTECTION ACT 1998 (Processing of Sensitive Personal Data) Order 2000

I understand the information I have given in this application may be stored by West Midlands Special Needs Transport manually or electronically, and I have the right to see a copy of the information held about myself by appointment with the HR Manager.

EQUAL OPPORTUNITY POLICY

The company wholeheartedly supports the principal of equal opportunities in employment and is opposed to all forms of unlawful or unfair discrimination on the grounds of sex, race, nationality, ethnic or national origin, marital status, sexual orientation, age or disability. The company will take every step to ensure individuals are treated equally and fairly, and decisions on recruitment and selection are taken solely on job based criteria. However, within the framework of the law, the Company is committed, wherever practicable, to achieving and maintaining a workforce which broadly reflects the community in which the Company operates.

REHABILITATION OF OFFENDERS ACT 1974

Certain posts, particularly those that involve working with children or other vulnerable groups, will be subject to a criminal records check by the Criminal Records Bureau. This will include details of cautions, reprimands, final warnings and convictions, including 'spent convictions' under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 2001. If the post for which you are applying requires such a disclosure, this will be indicated on the supporting information received with this form. Any disclosure will be required only when the appointment is confirmed.

DISABILITY DISCRIMINATION ACT 1995

The definition of a disabled person according to the Disability Discrimination Act 1995 (DDA) is someone with "A physical, sensory or mental impairment which has, or had, a substantial and long-term adverse effect on his/her ability to carry out normal day to day duties".

Do you consider yourself to have a disability according to the definition of the Disability Discrimination Act 1995 (DDA) as stated above? YES / NO

Do you require any support or special arrangements to be made when attending for interview? YES / NO

DECLARATION:

I understand all offers of employment are subject to satisfactory medical examination, references, and criminal record check. Offers of employment may be withdrawn in the event of either or all not being satisfactory.

I am prepared to undergo a medical examination (to PSV standard for a Driver) and I am not aware of any health reasons that would prevent me from performing the duties of the post for which I am applying.

I understand false or misleading, or deliberately omitting relevant information will disqualify me from appointment or, if appointed, make me liable to dismissal, without notice.

I confirm that to the best of my knowledge, the information given in this application is true and correct.

Signed: _____ Date: _____

WEST MIDLANDS SPECIAL NEEDS TRANSPORT

INSURANCE APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS, FAILURE TO DO SO WILL INVALIDATE YOUR APPLICATION.

POST APPLIED FOR: DRIVER / SUPERVISOR / MANAGER DEPOT: _____

NAME: MR/MRS/MISS/MS _____

DATE OF BIRTH: _____

LICENCE NO: _____ EXPIRY DATE: _____

DATE PASSED CAR DRIVING TEST: _____ UK DRIVING LICENCE YES / NO

IF YOU HAVE PASSED YOUR CAR DRIVING TEST AFTER 01/01/97, PLEASE STATE WHETHER YOU HOLD A PASSENGER CARRYING VEHICLE (PCV) LICENCE? YES / NO

LIST CATEGORIES HELD ON YOUR FULL LICENCE: _____

Do you have your own motor insurance? YES / NO

If YES what is your "No Claims" entitlement _____ years.

1. Have you had any motoring convictions in the last 5 Years? YES / NO

2. Are there any prosecutions pending? YES / NO

3. Have you been banned from driving in the last 10 years? YES / NO

4. Have you been involved in a motor accident in the last 3 years? YES / NO

5. Has any company underwriter ever declined, cancelled or declined to renew any motor insurance or increased the premium or policy excess or imposed special conditions? YES / NO

6. Do you wear spectacles for driving? YES / NO

7. Has your Doctor ever advised you not to drive? YES / NO

If you have answered 'YES' to any of the questions 1-7 above please give details below, including the codes of any endorsements. Please use the reverse of this form if necessary.

I understand that should I be offered a post with West Midlands Special Needs Transport it is subject to my continuing to hold a current full UK driving licence and if there any amendments or alterations to my licence I will notify the Company immediately.

I understand false, misleading, or deliberately omitting relevant information will disqualify me from appointment or, if appointed, make me liable to dismissal, without notice.

I confirm to the best of my knowledge, the information given in this application is true and correct.

Signature: _____ Date: _____

WARNING: You are liable to prosecution under the Road Traffic Act if you knowingly make a false statement to obtain insurance.

WEST MIDLANDS SPECIAL NEEDS TRANSPORT

MEDICAL QUESTIONNAIRE

STRICTLY CONFIDENTIAL

Name: _____ **Position Applied For:** _____

Please complete this form as truthfully and accurately as possible.

All positions are subject to a satisfactory medical examination. Drivers examinations are to PSV standards, for which a high level of fitness is required. To knowingly withhold information of any known medical condition could render this application void.

If you answer 'yes' to any of the questions it may not affect your application as long as the condition is controlled by medication or is not relevant to the performance of your job.

Have you ever suffered from or received treatment for any of the following?

Respiratory problems	YES / NO	Hernia	YES / NO
Headache/Migraine	YES / NO	Diabetes	YES / NO
Blackouts/dizziness	YES / NO	Heart condition	YES / NO
Visual defects	YES / NO	High blood pressure	YES / NO
Epilepsy	YES / NO	Skin disease	YES / NO
Backache	YES / NO	Psychiatric illness	YES / NO

If you have answered 'yes' to any of the above or suffer from any other conditions not mentioned above, please give details:

Are you taking any medication or receiving any medical treatment? If so, please give details:

The information given on this form will be treated in the strictest confidence and conforms with the Data Protection Act 1998.

DECLARATION

I confirm to the best of my knowledge, the medical information given above is true and correct.

Signed: _____ **Date:** _____

DO NOT OPEN

TO THE DEPOT:

**ON RECEIPT OF THIS DOCUMENT PLEASE ENSURE THIS
SEALED DOCUMENT IS UNOPENED AND IS FORWARDED
TO:**

**The Human Resources Department
West Midlands Special Needs Transport
Head Office**

WEST MIDLANDS SPECIAL NEEDS TRANSPORT

EQUAL OPPORTUNITIES
RECRUITMENT MONITORING FORM

STRICTLY CONFIDENTIAL

To help us monitor our Equal Opportunities in Employment Policy, **please tick or complete the following boxes as appropriate. Once you have completed the form, please seal and enclose within your application.** Please note this information is for monitoring purposes only and will not be seen by the Recruiting Manager.

NAME: _____ **POSITION APPLIED FOR:** _____

ADDRESS: _____

DOB: _____ **AGE:** _____

GENDER: I am: **MALE / FEMALE**

ETHNIC ORIGIN:

Choose one section from (A) to (E) then tick the appropriate box to indicate your cultural background. *(These are based on the 2001 Census).*

A White

- British
- Irish

Any other White background please specify: _____

B Mixed

- White and Black - Caribbean
- White and Black – African
- White and Asian

Any other Mixed background please specify: _____

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi

Any other Asian background please specify: _____

D Black or Black British

- Caribbean
- African

Any other Black background please specify: _____

E Chinese or Other ethnic group

- Chinese

Any other ethnic group please specify: _____

DISABILITY:

The definition of a disabled person according to the Disability Discrimination Act 1995 (DDA) is someone with "A physical or mental impairment which has, or had, a substantial and long-term adverse effect on his/her ability to carry out normal day to day duties".

Do you consider yourself to have a disability according to the definition of the Disability Discrimination Act 1995 (DDA) as stated above? YES / NO