

Have you ever been refused a licence or an entitlement?
 Have you ever had your licence revoked or taken away?

Yes / No
Yes / No

General Education and Training

Date	Course Title	Qualification Achieved and Date	Grade

If PCV Holder, please provide name of company where training was undertaken

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Employment Details

Name/Address of Employer	Job Held and Duties	Date From / To	Reason for leaving
Name and Title of Supervisor			

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Name and Title of Supervisor			

Further Information

Please use this space for additional information and to outline the reasons why you would like to work for Central Buses.

Medical History

Personal details :

Height
Weight
Family Doctor
Address of practice

Medical and Occupational details : Have you ever,

Had tuberculosis, pleurisy, asthma, bronchitis or other lung complaint?	Yes / No
Had a chest X-Ray?	Yes / No
Paralysis, epilepsy, fits, migraine or any other psychological or nervous complaint?	Yes / No
Had diabetes, gout, kidney or bladder complaint?	Yes / No
Had any arthritis, rheumatism, slipped disc or any other back trouble?	Yes / No
Had any eye complaint including recurrent headache or blurred vision?	Yes / No
Had any ear/nose/throat/complaint or deafness?	Yes / No
Suffered from stress, depression, nervous debility, anxiety or any mental illness?	Yes / No
Failed a medical examination of any kind?	Yes / No
Had any alcohol or drug abuse?	Yes / No
Been advised for medical reasons not to do shift work, or any other type of work?	Yes / No
Are you currently on any treatment being prescribed by your doctor?	Yes / No

If you have answered yes to any of the questions above please give details below :

Personal References

Please give details of two people of standing (not relatives) that we could approach for references.

Name	
Occupation	
Address	
Tel No	

Name	
Occupation	
Address	
Tel No	

If we don't have your permission to contact your referees at this stage, please indicate when this would be acceptable

Declaration

I certify that all information given on this form is true and correct in every detail and if engaged I understand that any information given by myself that is later found to be either incorrect or untrue, may result in dismissal.

Signature	<input type="text"/>	Date	<input type="text"/>
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Office use only

Application Number	<input type="text"/>
Date Received	<input type="text"/>
Application form checked by	<input type="text"/>
Suitable for interview. Yes/No. If no, reason:	
Letter of interview offer sent:	
Interview arranged with:	<input type="text"/>

Licence Check	Yes / No
Copy Taken	Yes / No
Reference Check	Yes / No
Recommendation	Successful / Unsuccessful
Start Date	<input type="text"/>
Letter of offer sent	<input type="text"/>