



APPLICATION FOR EMPLOYMENT

Please use **BLOCK CAPITALS** throughout this application form and write in **BLACK INK**. This allows the form to be more easily and more clearly photocopied if required. If you need to use additional sheets to give further information, please ensure they are named appropriately.

Position Applied For:		Date available to take up position		
Where did you see this vacancy advertised?		On what basis are you applying for the post?	Full Time YES/NO	Part Time YES/NO
Title	Surname	First Name(s)		
Have you ever used any other name? (Yes/No) If Yes, give details.		Email Address		
Telephone (Home)		Telephone (Mobile)	Telephone (Work)	
Address Line 1		Do you hold a valid UK Passport? YES/NO If yes, give Passport Number.		
Address Line 2		National Insurance Number		
Address Line 3		Do you smoke? YES/NO	Do you use drugs? YES/NO	Alcohol Units a Week?
Post Code		Do you wear spectacles for driving? YES/NO	Do you have access to transport if required to travel? YES/NO	
Do you hold a valid driving licence? YES/NO Is it clean? YES/NO (If 'No', please give details below – continue on a separate sheet if necessary).				
PCV Type – Provisional <input type="checkbox"/> Full <input type="checkbox"/> (Manual/Auto delete as appropriate). OTHER – please give details below				
CPC Expiry Date		No. of Modules / Hours completed towards CPC	Do you possess a current Digital Tacho Card?	
Have you ever been refused motor insurance? YES/NO (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/NO Were any your fault? YES/NO (If 'Yes', give details below – continue on separate sheet if necessary).				

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 family, study, voluntary work etc.

Date From:	Date To:	Reason for break

EDUCATION AND QUALIFICATIONS

Date From:	Date To:	Educational Establishment	Name of Course / Qualifications gained and grades.

OTHER RELEVANT TRAINING / EXPERIENCE

E.g. 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.
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CURRENT OR MOST RECENT EMPLOYER

Name and Address of Employer	Job Title
	Current or last salary
	Average Weekly Hours
	Date started in post
	Date of leaving (if relevant)
	Notice required in present job
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 a separate sheet if necessary*).

1. Employers name & Address	Date from & to	Job Title	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. These references should be provided by your two most recent employers. (Nottingham Community Transport/CT4N Ltd will only take up references if you are offered the position).

Reference 1. Title & Name:	Reference 2. Title & Name:
Full Address	Full Address
Telephone Number	Telephone Number
Fax Number (If Applicable)	Fax Number (If Applicable)
Email Address (If applicable)	Email Address (If applicable)
Relationship to you?	Relationship to you?

Are you a UK Citizen? YES/NO If ' NO ', are you authorised to work in the UK? YES/NO	Do you hold a valid DBS Disclosure? YES/NO If ' YES ', please provide the certificate no. _____
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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/NO**.

If ' YES ', please provide details:
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DECLARATION

I declare that the statements I have made on this form are, to the best of my knowledge, true and complete. I understand 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
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Please send your completed application form to:

**The HR Manager
CT4N Ltd
Sherwood Bus Garage
Mansfield Road
Nottingham
NG5 2JN.**

You **MUST** include a copy of **BOTH** sides of your Photo Card, DCQ Card, and Tachograph Card (if you have one).

Telephone: 0115 986 3355

Email: chris@ct4n.co.uk

FOR OFFICIAL USE ONLY

1. First interview date:	Interviewed by:	Initials:
2. Second interview date:	Interviewed by:	Initials:
3. CV Supplied? YES/NO		
4. Confirmation that the candidate's personal documentation has been reviewed and he/she is eligible to work in the UK? YES/NO		
Signature _____		

Nottingham Community Transport/CT4N Ltd is committed to equality of opportunity both as an employer and as a service provider and recognises the value that a diverse workforce can bring. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form. This form will be separated from your application form prior to the selection process. The information you provide will be treated as sensitive data under the Data Protection Act 1998.

Please tick the relevant box in each section, or complete details as appropriate.



EQUALITY AND DIVERSITY INFORMATION FORM

What is your age?

16 – 24 years	<input type="checkbox"/>
25 – 34 years	<input type="checkbox"/>
35 – 44 years	<input type="checkbox"/>
45 – 54 years	<input type="checkbox"/>
55 – 64 years	<input type="checkbox"/>
65+ years	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

Do you consider yourself to have a disability?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

What is your sex?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Do you currently or have you previously considered yourself as transgender?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

What is your sexual orientation?

Bisexual	<input type="checkbox"/>
Gay / Lesbian	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Other	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

What is your religion or belief?

None	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>
Other Christian (please state)	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Any other religion or belief (please state)	<input type="checkbox"/>
Choose not to disclose	<input type="checkbox"/>

What is your ethnic group?

Choose **one** section A – G, then tick **one** box which **best describes** your ethnic group or background:

A – White:

Scottish	<input type="checkbox"/>
English	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other British (please state)	

Irish	<input type="checkbox"/>
Gypsy / Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Other white ethnic group (please state)	

B – Mixed or multiple ethnic group:	
Any mixed or multiple ethnic group (please state)	

C – Asian, Asian Scottish or Asian British:	
Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British	<input type="checkbox"/>
Other (please state)	

D – African:	
African, African Scottish or African British	<input type="checkbox"/>
Other (please state)	

E – Caribbean or Black:	
Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>
Other (please state)	

F – Other ethnic group:	
Arab, Arab Scottish or Arab British	<input type="checkbox"/>
Other (please state)	

G – Choose not to disclose:	
Choose not to disclose	<input type="checkbox"/>