

# LLOYDS COACHES

## EMPLOYMENT APPLICATION FORM

Please complete the form below clearly.

**APPLICANT DETAILS:**

|                 |  |
|-----------------|--|
| APPLICANT NAME: |  |
|-----------------|--|

|                    |  |
|--------------------|--|
| APPLICANT ADDRESS: |  |
|                    |  |
|                    |  |
| Post code:         |  |

|                          |  |
|--------------------------|--|
| APPLICANT DATE OF BIRTH: |  |
|--------------------------|--|

|                             |                 |  |
|-----------------------------|-----------------|--|
| APPLICANT CONTACT DETAILS : | Home Telephone: |  |
|                             | Mobile:         |  |

|                        |  |
|------------------------|--|
| APPLICANT CRB NUMBER : |  |
|------------------------|--|

|  |  |
|--|--|
| APPLICANT DRIVER LICENSE NUMBER (if applicable): |  |
|--|--|

|                      |  |
|----------------------|--|
| VACANCY APPLIED FOR: |  |
|----------------------|--|

|  |
|--|
| ANY PREVIOUS CONVICTIONS OR OFFENCES (please describe below if any): |
|  |

|   |
|---|
| ANY NOTIFIABLE MEDICAL CONDITIONS / DISABILITIES WHICH MAY AFFECT YOUR DRIVING<br>e.g. epilepsy, strokes and other neurological conditions, mental health problems, physical disabilities and visual impairments. (please describe below if any): |
|   |

**PREVIOUS EMPLOYER CONTACT DETAILS:**

|                    |  |
|--------------------|--|
| PREVIOUS EMPLOYER: |  |
|--------------------|--|

|                            |  |
|----------------------------|--|
| PREVIOUS EMPLOYER ADDRESS: |  |
|                            |  |
|                            |  |
|                            |  |

|               |  |
|---------------|--|
| CONTACT NAME: |  |
|---------------|--|

|                                    |                   |  |
|------------------------------------|-------------------|--|
| PREVIOUS EMPLOYER CONTACT DETAILS: | Office Telephone: |  |
|                                    | Office E-mail:    |  |

**PREVIOUS EXPERIENCE (Continue on additional sheet if required and/or attach C.V):**

**REFERENCES:**

Name of referee:

|                          |              |  |
|--------------------------|--------------|--|
| Referee Contact Details: | Home/Office: | <input style="width: 400px;" type="text"/> |
|                          | Mobile:      | <input style="width: 400px;" type="text"/> |

Address:

Lloyds Coaches reserve the right to contact the previous employer and referee declared above on receiving this form from the applicant.

|                         |  |
|-------------------------|--|
| Details of next of kin: | <input style="width: 630px;" type="text"/> |
|                         | <input style="width: 630px;" type="text"/> |
|                         | <input style="width: 630px;" type="text"/> |
|                         | <input style="width: 630px;" type="text"/> |
| Post code:              | <input style="width: 630px;" type="text"/> |

|                   |  |
|-------------------|--|
| Home Telephone:   | <input style="width: 630px;" type="text"/> |
| Mobile Telephone: | <input style="width: 630px;" type="text"/> |

|   |  |
|---|--|
| By signing the box on the right I hereby confirm and declare that the information given on this form is true and correct. | <input style="width: 370px; height: 40px;" type="text"/> |
|---|--|

**OFFICE USE**

**Notes:**