



APPLICATION FOR EMPLOYMENT

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

(Please tick which depot or depots that would be of most interest to you)

- Depots: Campbeltown Ardrishaig Oban Dunoon Bute
 Glasgow Citybus Glasgow Citylink City Sightseeing Glasgow

Details

Title (Mr/Mrs/Miss/Ms).....

Surname

Forenames

Address

.....

Postcode

Date of Birth:

Tel No:

Work Tel No: (If we may contact you there)

Email Address:

Licence Details

Do you hold a current driving licence? **CAR** YES NO **PCV** YES NO **LGV** YES NO

Is your PCV licence limited to automatics? YES NO

Licence No:

Classes Held:

Is your licence free from endorsements? YES NO

(If not, please give details)

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Are there any dates or times you would be unavailable to attend an interview?

Please return this form to:
Personnel Department
West Coast Motors
Benmhor
Campbeltown
Argyll
PA28 6DN

EDUCATION AND TRAINING

Name & address of Secondary School Date from Date to Examination and results

Name & address of Secondary School	Date from	Date to	Examination and results

College/University attended Date from Date to Courses and results

College/University attended	Date from	Date to	Courses and results

PRESENT OR MOST RECENT EMPLOYER

Name of Employer:

Address:

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Tel No:

Present or most recent post:

Date appointed to present post: Date of leaving:

Reason for leaving:

Brief description of duties and responsibilities:

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PREVIOUS EMPLOYMENT

Name & Address of employer	Job title	Duties	Dates	Reason for leaving

CITYLINK & WAYFARER EXPERIENCE

Please give details of previous experience:

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REFERENCES

Please give details of two people who we can approach for references, one of whom should be your present employer.
Your current employer will not be contacted until you have accepted a position within West Coast Motors.

1. Current/most recent employer

Name:

Position:

Business address:

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Tel No:

2. Current/most recent employer

Name:

Position:

Business address:

.....

Tel No:

MEDICAL

Do you have any problems with your health?

If yes, please give details

YES NO

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Please confirm the total number of days, and periods of absence which you have had from work in the last two years, for reasons related to illness/health difficulties

WEST COAST MOTORS EQUAL OPPORTUNITIES POLICY

“As an equal opportunities employer, we welcome applications from people in every part of the community”.

West Coast Motors is committed to providing equality of opportunity. In order to help us ensure our policy is being carried out, we need the information below to analyse the applications we receive. Please complete this slip and return it with your application form.

When we receive your completed form this page will be removed and kept on file. It is not used in any way as part of the selection process.

I am: MALE
FEMALE

Date of birth:

Marital status: Single Married Widowed Divorced Other relationship

I would describe my ethnic origin as (please tick one box only)

By ethnic origin we mean colour and broad ethnic group, we do not mean nationality or place or birth, as UK citizens can belong to any of the groups listed.

Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black other	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>		

Other (Please specify)
.....

Do you consider yourself to have disability from the definition given below? YES NO

Please tick the box (es) which best describes your disability

Visual	<input type="checkbox"/>
Mental distress or schizophrenia	<input type="checkbox"/>
Learning difficulties eg dyslexia	<input type="checkbox"/>
Co-ordination or mobility	<input type="checkbox"/>
Other eg diabetes, epilepsy, arthritis	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Speech	<input type="checkbox"/>

WEST COAST MOTORS EQUAL OPPORTUNITIES POLICY (CONT'D)

Definition of Disability

The Disability Discrimination Act defines disability as a "physical or mental impairment which has a substantial and long term adverse effect to carry out normal day-to-day activities.

Long-term is defined as having lasted or likely to last at least 12 months or for the rest of the life of the person affected.

Day-to-day activities are normal activities carried out by most people on a regular basis and will entail at least 1 of 8 broad categories, eg manual dexterity, the ability to lift, carry and move ordinary objects.

People with severe disfigurements are covered by the Act; people with progressive conditions eg multiple sclerosis are covered when the condition leads to an impairment which begins to have some effect on their ability to carry out normal day-to-day activities. People already registered under the Disability Persons Act 1944 are also covered.

Do you hold British Citizenship? YES NO

If no, are you registered under the workers registration scheme? YES NO

NOTE: Please be advised, you will be required to bring along the following one of the following if invited to an interview.

Driving Licence

UK passport

When we receive your completed form, the 'Equal Opportunities Policy' will be removed and kept on file. It will not be used in any way as part of the selection process.

ADDITIONAL INFORMATION

Please state briefly why you are applying for this position. Describe any past experience which you think may be helpful in your application.

DECLARATION

I declare that the information given on this form is correct to the best of my knowledge and belief. I understand that the contents will form part of any contract of employment which I may agree with West Coast Motors and that any false statement may disqualify me from employment, or if employed, dismissal. I understand that the information I have provided on this form on my ethnic origins and medical history is required for monitoring purposes only. I give my express consent for this information to be retained by West Coast Motors.

Applicants signature

Date: