

IMPERIAL COACHES LTD
APPLICATION FORM FOR PCV DRIVERS



PERSONAL INFORMATION

SURNAME..... FORENAMES.....

ADDRESS.....

.....

POST CODE.....E-MAIL.....

TELEPHONE NO..... MOBILE NO.....

DATE OF BIRTH..... DATE PCV ISSUED.....

NATIONAL INSURANCE NUMBER

AGE..... HOW LONG A RESIDENT IN UK?.....

NEXT OF KIN.....RELATIONSHIP.....

ADDRESS & CONTACT NO.....

.....

PREVIOUS EMPLOYMENT INFORMATION

LAST EMPLOYER.....

ADDRESS & CONTACT NO

.....

REASON FOR LEAVING.....

..... LENGTH OF SERVICE.....

REFERENCES

REFERENCES NAME (1).....

ADDRESS.....

.....

NAME (2).....

ADDRESS.....

.....

DO YOU HAVE ANY CRIMINAL CONVICTIONS?

YES

NO

IF YES PLEASE PROVIDE DETAILS.....

.....

DO YOU HAVE CRB/DBS ENHANCED DISCLOSURE?

YES

NO

LICENCE & INSURANCE INFORMATION

PLEASE STATE WHETHER: -

A) HAVE YOU EVER BEEN CONVICTED OF ANY MOTORING OFFENCES,
INCLUDING FIXED PENALTY OFFENCES, DURING THE
PAST 5 YEARS –

YES

NO

IF YES, PLEASE GIVE DETAILS: OFFENCE CODE.....

DATE..... FINE..... PENALTY POINTS.....

PERIOD OF DISQUALIFICATION.....

B) DO YOU SUFFER FROM MEDICAL CONDITIONS SUCH AS DIABETES, FITS, HEART CONDITION, ALSO ANY PHYSICAL OR MENTAL INFIRMITY, OR ANY OTHER ILLNESS WHICH COULD EFFECT YOU DUTIES? -

- YES
- NO

IF YES, PLEASE GIVE DETAILS: -
.....

C) HAVE YOU EVER BEEN DECLINED FOR MOTOR INSURANCE OR HAD A MOTOR POLICY CANCELLED? –

- YES
- NO

IF YES, PLEASE GIVE DETAILS AND REASONS.....
.....

D) HAVE YOU HAD ANY ACCIDENTS, LOSSES OR CLAIMS DURING THE LAST 3 YEARS? –

- YES
- NO

IF YES, PLEASE GIVE DETAILS OF DATES AND CIRCUMSTANCES INCLUDING PERSONAL INJURY.
.....
.....

DECLARATION

I declare that to the best of my knowledge and belief the statements made on this form are true and complete.

Signed..... Print.....

Date.....