



FOR OFFICE USE	
Date Rec	
Date Ack	
Ref No	

APPLICATION FOR EMPLOYMENT

**ALL INFORMATION GIVEN WILL BE TREATED AS STRICTLY CONFIDENTIAL
PLEASE COMPLETE IN BLOCK CAPITALS**

POSITION APPLIED FOR

SURNAME

FORENAMES

ADDRESS

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.....

TELEPHONE NUMBER HOME: MOBILE:

DATE OF BIRTH/...../.....

PLEASE GIVE DETAILS OF ANY SERIOUS ILLNESS OR DISABILITES WHICH HAVE AFFECTED YOU

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ARE YOU A REGISTERED DISABLED PERSON? YES/NO

IF YES PLEASE STATE YOUR REGISTERED DISABLED NUMBER:

LICENCES							
CAR LICENCES	TYPE	CLASSES	VALID TO		LICENCE NO.		
ENDORSEMENTS	OFFENCE	CODE	DATE	FINE/PENAIITY POINTS			
1.							
2.							
3.							
HAVE YOU EVER BEEN DISQUALIFIED FROM HOLDING A DRIVING LICENCE?						YES	NO
IF YES , PLEASE STATE WHEN, WHAT FOR & FOR HOW LONG							
	GROUP	DATE ISSUED	ISSUING AUTHORITY		NUMBER		
PCV							

MEDICAL HISTORY / DETAILS

PLEASE INDICATE IF YOU HAVE EVER SUFFERED FROM ANY OF THE FOLLOWING CONDITIONS. IF **YES** PLEASE UNDERLINE THE APPROPRIATE CONDITION.

YES NO

TUBERCULOSIS, PLEURISY, ASTHMA, BRONCHITIS,
OR ANY LUNG, THROAT OR EAR COMPLAINT

ANY DISORDER OF THE HEART, CIRCULATORY SYSTEM, HIGH BLOOD PRESSURE,
VARICOSE VEINS OR PILES

PERSISTENT INDIGESTION, GASTRIC OR DUODENAL ULCER,
INTESTINAL COMPLAINT OR RUPTURE, IRRITABLE BOWEL

PARALYSIS, EPILEPSY, FITS OR MIGRAINE

ANY PSYCHOLOGICAL OR NERVOUS COMPLAINT, STRESS, DEPRESSION

DIABETES, GOUT OR ANY KIDNEY OR BLADDER COMPLAINT

ANY ARTHRITIS, SLIPPED DISC, RHEUMATISM OR BACK TROUBLE

ANY DERMATITIS OR OTHER SKIN COMPLAINT, ANY EYE COMPLAINT,
ALLERGIC CONDITION OR DEAFNESS

ANY EYE COMPLAINT INCLUDING RECURRENT HEADACHES,
BLURRED VISION OR EYE DISCOMFORT

ANY OTHER SIGNIFICANT MEDICAL PROBLEM, EXCLUDING COUGHS/COLDS/FLU
OR ANY OF THE CONDITIONS LISTED ABOVE

DO YOU NORMALLY WEAR GLASSES OR CONTACT LENSES

HAVE YOU HAD ANY EYE TEST?

IF **YES**, WHEN? MONTH YEAR
(YOU MAY BE REQUESTED TO HAVE AN EYE TEST)

DO YOU HAVE ANY DIFFICULTY IN RECOGNISING VARIOUS COLOURS

HAVE YOU EVER FAILED A MEDICAL EXAMINATION OF ANY KIND

HAVE YOU EVER HAD A CHEST X-RAY

HAVE YOU EVER CONSULTED, OR BEEN RECOMMENDED TO CONSULT,
A MEDICAL SPECIALIST?

HAVE YOU EVER BEEN IN HOSPITAL AS A PATIENT?

ARE YOU NOW ON ANY TREATMENT BEING PRESCRIBED BY YOUR DOCTOR?

WITH REFERENCE TO THE DISABILITY DISCRIMINATION ACT,
DO YOU HAVE A PHYSICAL OR MENTAL IMPAIRMENT
WHICH SIGNIFICANTLY AFFECTS YOUR DAILY LIVING?

(IF YOU ANSWER "YES", YOU MAY BE SENT A SUPPLEMENTARY HEALTH QUESTIONNAIRE FOR
COMPLETION, SO THAT APPROPRIATE REASONABLE WORK ADJUSTMENTS CAN BE ASSESSED
FOR YOU BY THE MEDICAL STAFF)

HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK THROUGH SICKNESS
WITHIN THE PAST 12 MONTHS?DAYS

THE NEXT QUESTION ONLY IS TO BE ANSWERED BY FEMALE APPLICANTS WHERE THE
PROPOSED EMPLOYMENT MIGHT PRESENT A RISK DURING PREGNANCY.

ARE YOU PREGNANT?

IF YES, HOW FAR ARE YOU INTO THE PREGNANCY? MONTHS

OCCUPATIONAL DETAILS

YES NO

HAVE YOU EVER WORKED FOR THE COMPANY BEFORE?

HOW MANY JOBS HAVE YOU HAD SINCE YOU STARTED WORK?

WHAT INDUSTRIES HAVE YOU WORKED FOR BEFORE APPLYING FOR THIS JOB?

FOR EXAMPLE	VOSINE OPERATOR FOR LIGHT ENGINEERING COMPANY	1990 - PRESENT

HAVE YOU EVER WORKED.....

IN A DUSTY ENVIRONMENT?

IN A NOISY ENVIRONMENT?

WITH CHEMICALS?

WITH X-RAYS OR OTHER FORMS OF RADIATION?

HAVE YOU EVER.....

HAD REPETITIVE STRAIN INJURY?

HAD ANY PROBLEMS RELATED TO ALCOHOL OR DO YOU TAKE ILLEGAL DRUGS?

HAD ANY DISEASE OR INJURY ARISING OUT OF YOUR WORK, eg DEAFNESS, BACKACHE, ETC

BEEN ADVISED FOR MEDICAL REASONS NOT TO DO NIGHT WORK, SHIFT WORK,
OR ANY OTHER KIND OF WORK?

ARE YOU IN RECEIPT OF A DISABILITY PENSION?

WHAT IS YOUR HEIGHT? IN METRES

WHAT IS YOUR WEIGHT? IN KGS

DO YOU SMOKE?

IF YES, HOW MANY? (CIGARETTES / CIGARS / PIPES) PER DAY

DO YOU DRINK ALCOHOL?

IF YES, WHAT IS YOUR AVERAGE INTAKE? (PINTS / SHORTS / GLASSES OF WINE) PER WEEK

EDUCATION - PLEASE GIVE DETAILS FROM THE AGE OF 11

SECONDARY EDUCATION NAME OF SCHOOL	DATES FROM+TO	EXAMINATIONS PASSED (& GRADES) PLUS ANY OTHER ACHIEVEMENTS (ie FOOTBALL TEAM CAPTIAN)
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HAVE YOU COMPLETED AN APPRENTICESHIP/TRAINING SCHEME?

IF YES, PLEASE GIVE DETAILS

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REFERENCES

PLEASE GIVE DETAILS OF TWO REFEREES TO BE USED IF REQUIRED
(REFERENCES WILL ONLY BE SOUGHT AFTER A POSITION HAS BEEN OFFERED.
YOUR CURRENT EMPLOYER WILL NOT BE APPROACHED WITHOUT YOUR
PERMISSION)

1	REFEREE
	NAME
	OCCUPATION
	ADDRESS
	
	
	

FOR OFFICE USE
SENT OUT ON

RECEIVED

UNSATISFACTORY/SATISFACTORY

2	REFEREE
	NAME
	OCCUPATION
	ADDRESS
	
	
	

FOR OFFICE USE
SENT OUT ON

RECEIVED

UNSATISFACTORY/SATISFACTORY

I CONFIRM THAT THE INFORMATION GIVEN IS ACCURATE

SIGNED DATE

NOTES OF INTERVIEWER

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INTERVIEWED BY

FOR POSITION AS

DATE TIME

COMMENTS

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OFFERED POST AS ON

RECEIVED ACCEPTANCE ON

LETTER NOT SUCCESSFUL SENT ON

EMPLOYMENT COMMENCES

General Conditions of Employment

Employees are admitted to Ipswich Buses' service (hereafter referred to as the Company) only under the following conditions.

That employment with the Company shall be subject to receipt of satisfactory references and that a Medical Examination by the Company's Medical Officer must be satisfactorily completed before engagement and at such times afterwards as may be considered necessary by the Company.

That a twelve-month probationary period shall apply from the date of commencement with assessments at 3 monthly intervals to determine any action required prior to the end of probation.

That employees shall undergo training with a qualified person. Training is an ongoing programme and employees shall attend seminars, courses and sessions that the Company consider will benefit their continued employment. Failure to accept training or refresher programmes may result in termination of employment.

That failure to disclose any proceedings, convictions or any unspent convictions within the terms of the Rehabilitation of Offenders Act 1974 shall entitle the Company to terminate employment.

That wages will be paid one week in arrears of the week that they are earned and that payment is by credit transfer to an approved Bank or Building Society account. On termination of employment this amount will be recovered if there is no outstanding monies owed to the Company.

That all employees acquaint themselves with the agreements set in place for taking holiday entitlement and they must in all instances have their supervisor's authority. The Company cannot guarantee to honour any holiday commitment employees may have in advance of obtaining the necessary authority. Driver's holidays will be allocated by a holiday block rota system.

That they shall not be entitled to wages for any time during which they are absent from work through sickness or other causes, save as provided for within the Company's agreement.

The Health and Safety regulations shall be complied with at all times.

That they shall conform to the Company's Drugs and Alcohol Policy.

That they shall work in harmony with all other employees.

That they shall acquaint themselves with and conform to all existing or future rules and regulations of the Company as stated in Company Rule Book and the terms and conditions of any agreement which the Company considers to be applicable to employees and which may from time to time be in force between the Company and the recognised Trade Unions.

That the Transport and General Workers Union (TGWU) & AMICUS are recognised as the body's with which the Company negotiates the terms and conditions. Rates of pay are also subject to agreement between the Company and the TGWU/AMICUS.

That they shall present themselves for duty at the appointed time and place each day and shall be properly dressed in accordance with regulations and agreements. Any uniforms shall be kept in a clean and tidy condition.

That any employee may be temporarily transferred to another location or other duties when the Company may require it.

That all work performed shall be of a standard consistent with the requirements of the Company and legislation.

That in the event of a grievance occurring they shall follow the agreed procedure.

That in the event of their undertaking other simultaneous employment they shall ensure that it does not conflict with their obligations to the Company and any employment outside of the Company must be disclosed under the WTD regulations.

That no employee shall be allowed to work in any capacity for another PSV, Taxi or Hackney Carriage operator, including applying for or making use of a PSV operators licence. Offenders will be dismissed from the Company.

That whilst in employment they shall not communicate or divulge any person, including representatives of the press and broadcasting media, any information relating to the business affairs of the Company.

That no employee shall make any unauthorised use of any computer or electronic equipment belonging to the Company.

That they shall recognise harassment on grounds of sex, race or disability is directly contradictory to Company policy and will be treated as gross misconduct.

That damage to or loss of property belonging to the Company caused by neglect, or loss or discrepancies in monies received and handled on behalf of the Company, shall be made good by deduction from wages.

That on leaving the Company's service, they shall return all property and monies belonging to the Company, issued to them or held by them. The value of any unreturned article or money will be deducted from wages due at the time of leaving.

That no employee may remain in employment after the statutory retirement age. Employment will automatically terminate.

That any employee tendering his or her resignation shall do so in writing as laid down in the Terms and Conditions of Employment. Employees failing to work the required notice may forfeit any holiday pay entitlement.