



Employee No.

01707 646 803
www.sullivanbuses.com
admin@sullivanbuses.com

APPLICATION FOR EMPLOYMENT

Thank you for your interest in applying for a job with us. You may save this file and complete it sending it back to admin@sullivanbuses.com as an attachment or, if you prefer, print it off and fill in using block capitals and blue/black ink. If you should have any questions please contact us either via email or telephone. If you apply for a driving position and are asked to attend an interview we will need a copy of your driving licence and a driving assessment will be incorporated into the interview. Should you be successful in your application we will retain the copy of your licence for insurance purposes.

Position applied for: Driver Supervisor Customer Information Assistant Manager
 Part Time Full Time

PERSONAL INFORMATION

Title
First Name Surname M.I
Address
Date of Birth/...../.....
Emergency Contact
Name
Telephone
Post Code Mobile
Email NI Number

DRIVER'S LICENSE

Driver's License Number Expiry Date/...../.....
Type/Classes Number of Points

PREVIOUS EMPLOYMENT

Reference (1)
Employer Telephone.....
Address Contact Name
Position Held.....
Responsibilities.....
Reason for leaving.....

MEDICAL DETAILS

Please answer the following questions. If the answer is YES then please provide full details.

Have you at any time suffered from the following conditions:

ALLERGIES		GENITO-URINARY		NEUROLOGICAL	
Allergies	Y/N	Kidney stones	Y/N	Dizzy Spells	Y/N
Asthma	Y/N	Sugar/Albumin Urine	Y/N	Epilepsy	Y/N
Hay Fever	Y/N			Fainting Attackers	Y/N
	Y/N			Paralysis	Y/N
				Severe Headaches	Y/N

CARDIOVASCULAR		MISCELLANEOUS		RESPIRATORY	
Chest pains	Y/N	Anaemia	Y/N	Chronic cough	Y/N
Heart disorder	Y/N	Anxiety	Y/N	Pleurisy	Y/N
High blood pressure	Y/N	Blood disorder	Y/N	Pneumonia	Y/N
Palpitations	Y/N	Cancer	Y/N	Sinusitis	Y/N
Rheumatic fever	Y/N	Depression	Y/N	Tuberculosis	Y/N
		Diabetes	Y/N		
		Skin disorder	Y/N		

DIGESTIVE SYSTEM		MUSCULOSKELETAL		SENSES	
Hernia	Y/N	Arthritis	Y/N	Colour blindness	Y/N
Jaundice	Y/N	Backache	Y/N	Ear disorder	Y/N
Peptic Ulcer	Y/N	Back injury	Y/N	Eye disorder	Y/N
		Disc disorder	Y/N	Nose disorder	Y/N
		Gout	Y/N	Throat disorder	Y/N
		Joint/Tendon disorder	Y/N		
		Rheumatism	Y/N		

If you have answered YES to any of the questions above, please give full details below:

.....

When was the last time your consulted you doctor? Date/...../.....

Reason:

Are you currently taking any medication or do you anticipate doing so in the near future? Y / N

How much alcohol do you consume in an average week? units

Do you smoke? Y / N

Do you have a disability? Y / N

Please describe the disability.....

How many days have you been sick in the last 12 months? days

How many days' work have you lost due to sickness in the last 12 months? days

Do you expect to require time off work for any medical reasons? Y / N

Reason:.....

Do you, or have you in the last 10 years, suffered from any medical condition which has not already been mentioned? Y / N

Medical Condition.....



BANK ACCOUNT REQUEST FORM

PERSONAL DETAILS

Title.....

First name

Last name.....

BANK DETAILS

Branch Address

Account Number

.....

Sort Code

.....

.....

.....

.....

Post Code

I confirm that all the above details are correct.

Signed

Date

PAYROLL NUMBER

OFFICE USE ONLY

ACCESS TO MEDICAL REPORTS

It may be necessary to obtain a report from a doctor who has treated you. We are required to tell you about your statutory rights regarding access to medical reports, which are set out briefly below. You may:

- (a) Refuse to allow us to obtain a report.
- (b) Ask to see a report before it is sent to us, or, for a charge, obtain a copy from the doctor within six months of it being sent to us.
- (c) Ask for a report you have seen to be altered by the doctor before it is sent to us, or, if the doctor is unwilling to do this, you may add statement of your own.

Please note that the doctor does not have to let you see a report if he believes you or others might be harmed by it.

DECLARATION

I confirm that I have read about my rights under the Access to Medical Reports Act and I authorise/*do not authorise my doctor to provide a medical report. I wish/*do not wish to see any medical report before it is supplied. (*delete as appropriate)

I declare that all the information I have given in this form is true and that I have not withheld any material fact.

Signature: Date	Note 1: Drivers not in receipt of a P45 from their previous employer must complete a P46 declaration before tax allowances will be paid. All other staff will receive pay based on 'Basic Rate'. Pay will be adjusted on receipt of a P45 or P46.
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Please note:

Wages are paid by BACS weekly. A standard pay week is Saturday to Friday. Wages are reconciled on the Tuesday following, for payment on Friday. The majority of wages are paid by Bankers Automatic Credit System (BACS). If requested Cheques may issued and will be sent by post. Pay arrangements may vary due to bank holidays or other events. Staff must complete a valid timesheet. These must be delivered or faxed (01707 646 804) to the South Mimms office or handed to the depot manager by Monday of the week following.

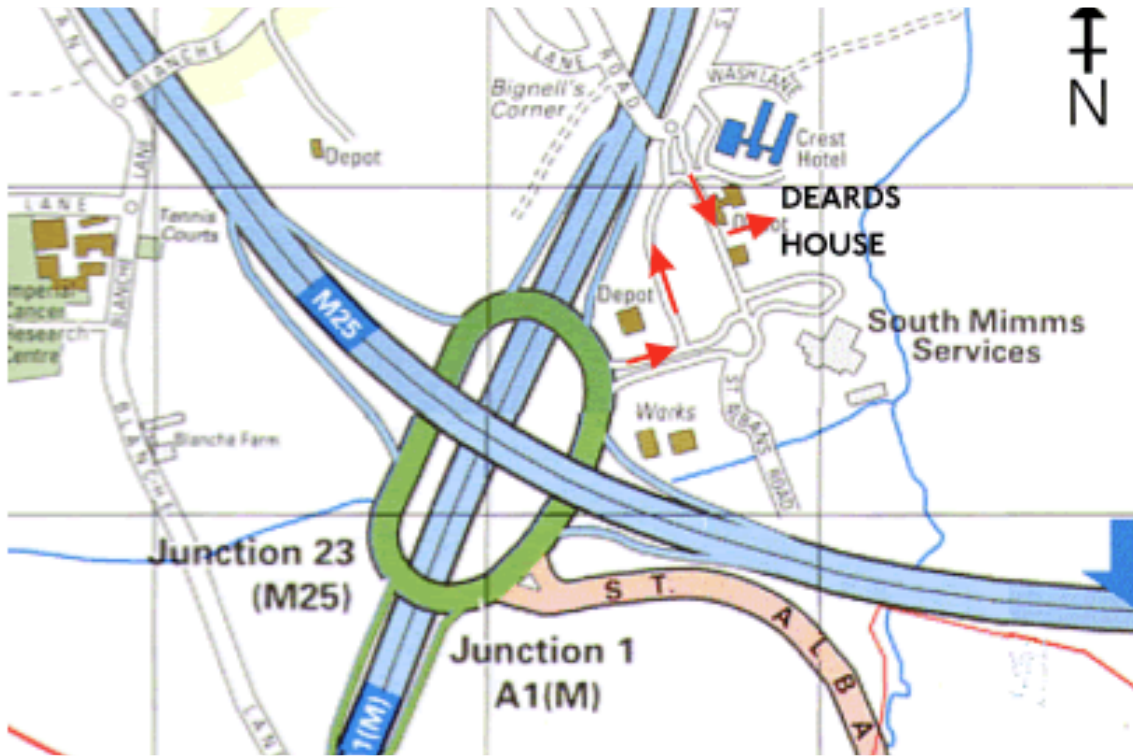
Pay Enquires to Mala Singelee 01707 646 803 or e-mail mala@sullivanbuses.com

For office use only;	
Details entered onto Capital Payroll by:	Date:
Follow up actions if any:	
Employment commenced:	Employment ceased:
Note: Check Drivers Licence (photocopy required for file), Collect P45 or issue P46.	

Once you have completed the form, please send to the following address:

**6 Deards House
St Albans Road
South Mimms
Hertfordshire
AL2 1EP**

LOCATION DETAILS



Follow signs to HGV fuelling. Deards House is adjacent to the BP Truck stop & Scantrucks



Arrow marks location of our office. Parking is available at either the front or rear of the building