

MARSHALLS COACHES LLP
FIRBANK WAY, LEIGHTON BUZZARD, BEDS LU7 4YP
APPLICATION FORM – DIESEL MECHANIC
 All information given will be treated as strictly confidential.
 PLEASE COMPLETE IN BLOCK CAPITALS

SURNAME (MR/MRS/MISS/MS)		
FIRST NAMES		
ADDRESS		
TELEPHONE NUMBER (HOME):		
TELEPHONE NUMBER (MOBILE):		
DATE OF BIRTH: MARITAL STATUS NUMBER OF CHILDREN AND AGES	NEXT OF KIN: NAME: RELATIONSHIP TO YOU: ADDRESS:	
ARE YOU A REGISTERED DISABLED PERSON? YES/NO IF SO PLEASE STATE REGISTRATION NUMBER:	NUMBER OF DAYS ILLNESS DURING THE LAST 2 YEARS	
SECONDARY EDUCATION (NAME OF SCHOOL)	FROM/TO	EXAMINATIONS PASSED & GRADES
DO YOU HOLD A CURRENT PCV/HGV LICENCE? YES/NO IF SO DATE YOU PASSED THE TEST:	HAVE YOU BEEN CONVICTED OF ANY DRIVING OFFENCES DURING THE PAST 11 YEARS? YES/NO	
DO YOU HAVE ANY SPECIALISED SKILLS? YES/NO IF SO PLEASE GIVE DETAILS		

QUALIFICATIONS

DATE	PROOF	QUALIFICATION	DATE OF PASS	CERT	LEVEL
			YES/NO		
			YES/NO		
			YES/NO		

GIVE DETAILS OF ALL ACCIDENTS, CLAIMS OR LOSSES WHICH HAVE OCCURRED IN THE LAST THREE YEARS IN CONNECTION WITH ANY VEHICLE OWNED OR DRIVEN BY YOU, IF NONE, STATE NONE (continue on a separate sheet if necessary)

TYPE OF VEHICLE DRIVEN	DATE	DETAILS OF ACCIDENT	OWN DAMAGE COSTS OR ESTIMATE	THIRD PARTY COSTS OR ESTIMATE

HAVE YOU OR IN THE PAST HAD A DEFECT IN VISION OR HEARING, PHYSICAL OR MENTAL INFIRMITY OR SUFFERED FROM DIABETES, EPILEPSY OR ANY HEART COMPLAINT? YES/NO (continue on separate sheet if necessary)

RECEIVING TREATMENT NOW	DESCRIPTION OF DISABILITY/CONDITION	DATE DIAGNOSED	ADVISED TO THE DVLA
YES/NO			YES/NO
YES/NO			YES/NO
YES/NO			YES/NO

HAVE YOU, TO YOUR KNOWLEDGE, EVER HAD SPECIAL CONDITIONS ATTACHED TO A MOTOR VEHICLE INSURANCE COVERING YOU TO DRIVE. YES/NO

IF SO PLEASE GIVE FULL DETAILS OF THE CONDITIONS:

CRIMINAL RECORD

PLEASE NOTE ANY CRIMINAL CONVICTIONS EXCEPT THOSE 'SPENT' UNDER THE REHABILITATION OF OFFENDERS ACT 1974. If none please state

Any applicant who is offered a position with the company will be required as a term and condition of their employment to produce written confirmation of a Police clearance check, as to their suitability for this important position.

**EMPLOYMENT HISTORY. PLEASE PUT PRESENT OR MOST RECENT EMPLOYER FIRST
(INCLUDING HM FORCES)**

NAME, ADDRESS AND TELEPHONE NUMBER PLUS NATURE OF BUSINESS	POSITION AND MAIN RESPONSIBILITIES	FROM/TO	LEAVING SALARY	REASON FOR LEAVING								
HAVE YOU GIVEN NOTICE TO YOUR CURRENT EMPLOYER? YES/NO		HOW SOON COULD YOU COMMENCE EMPLOYMENT WITH US?										
PLEASE GIVE DETAILS OF ANY HOLIDAY COMMITMENTS DURING THE NEXT 12 MONTHS		PLEASE GIVE THE NAMES OF ANY RELATIONS OR FRIENDS WORKING FOR THIS COMPANY										
PLEASE GIVE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PEOPLE WHO MAY BE CONTACTED TO PROVIDE REFERENCES AND STATE HOW YOU KNOW THEM												
NAME: ADDRESS: TELEPHONE NO:	NAME: ADDRESS: TELEPHONE NO:											
I CONFIRM THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE SIGNED: DATE:												
<p align="center">OFFICE USE ONLY</p> <table border="0"> <tr> <td data-bbox="84 1966 475 2000">DATE OF COMMENCEMENT:</td> <td data-bbox="475 1966 794 2000"></td> <td data-bbox="794 1966 1115 2000">REFERENCES</td> <td data-bbox="1115 1966 1503 2000">YES/NO</td> </tr> <tr> <td data-bbox="84 2018 475 2051">COPY OF LICENCE TAKEN:</td> <td data-bbox="475 2018 794 2051">YES/NO</td> <td data-bbox="794 2018 1115 2051">COPY OF CERTIFICATES</td> <td data-bbox="1115 2018 1503 2051">YES/NO</td> </tr> </table>					DATE OF COMMENCEMENT:		REFERENCES	YES/NO	COPY OF LICENCE TAKEN:	YES/NO	COPY OF CERTIFICATES	YES/NO
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Return Application form to: -Marshalls Coaches LLP, Firbank way, Leighton Buzzard, Beds, LU7 4YP Fax: 01525 850967 Tel: 01525 375301