

PSV Driver – Application Form

VIKING TRAVEL

NAME:		
Date of Birth:		
ADDRESS:		
HOME PHONE NUMBER:		
MOBILE PHONE NUMBER:		
EMAIL:		
MARITAL STATUS:		
CHILDREN:		
SMOKER	YES	NO
CURRENT EMPLOYER:		
START DATE:		
NOTICE PERIOD:		
DATE LEFT:		
REASON FOR LEAVING:		
JOB TITLE		
ADDRESS:		
<u>CURRENT JOB ROLES AND RESPONSIBILITIES –</u>		
<i>Please clearly state all details</i>		

QUALIFICATIONS –

Including course names, dates and levels achieved

PREVIOUS EMPLOYMENT –

Last 5 years, including start/end dates and reasons for leaving

DRIVER CPC QUALIFICATIONS -

DCPC Qualified?

YES

NO

Date Qualified:

Date Expires:

PLEASE INCLUDE A PHOTOCOPY OF YOUR DCPC CARD – FRONT & BACK REQUIRED

Course Name

Course Name

Module Number & Hours

Have you ever been convicted of any breaches of EC Drivers' Hours' and Tachograph Regulations or GB Domestic Regulations?

Have you ever been required to attend a Driver Conduct hearing with the Traffic Commissioner or Deputy Traffic Commissioner?

Reference One:

NAME:

RELATIONSHIP/JOB TITLE

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

Reference Two :

NAME:

RELATIONSHIP/JOB TITLE

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

I declare that I have filled in this application form correctly and I have not falsified any information on it. If Viking Coaches.com Ltd find out I have falsified any part of this documents, I accept my application will be withdrawn and subsequently forfeit any employment prospects with Viking Coaches.

Signed:

Print:

Date

DRIVING LICENCE NUMBER:

Please enclose a copy of your counterpart & photo ID license – both sides are required

CATEGORIES	DATE OF TESTS	DATE OF EXPIRES
B		
D1		
D		

Have you ever been convicted of a criminal offence?

YES	NO
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(declaration subject to the Rehabilitation of Offenders ACT 1974)

Please give details here if you have answered YES above.....

DATE OF LAST DBS (CRB) :

DO YOU STILL HAVE THE CERTIFICATE	YES	NO
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If yes – please enclose a copy of it with this application ...

Please state your accident/vehicle damage record -

This must be for the previous 5 years and state whether insurance claims were made and for how much –

CONVICTIONS ON YOUR DRIVING LICENSE –

Including dates, codes and fines

Have you undertaken any other Driving qualification??

NVQ? Or certificate for Please explain what you have here please and also copies of certificates ...

Do you hold a FIRST AID Qualification?

YES

NO

Name of FIRST AID Qualification

Date taken:

Date Expires:

EDUCATION - including results in exams taken, evening classes and further education

EXPERIENCE –

Including life and professional

Please state your local, national and European road network knowledge

Please comment on your interpersonal skills and how you apply yourself within a working team...

Adding information from the job description to support your application

