



Lagan Valley  
**Rural Transport**

# APPLICATION FORM

**Post applied for: Minibus Driver with Caring Duties**

*Due to the nature of our business successful applicants will be subject to Enhanced Access NI clearance*

**RETURN TO: LAGAN VALLEY RURAL TRANSPORT  
Units 1-6, PRM Complex  
Rathdown Road  
Lissue Industrial Estate  
Moira Road  
LISBURN  
BT28 2RE**

**Tel: 02892 622030**

**CLOSING DATE:**

**N.B: CV'S WILL NOT BE ACCEPTED**

**APPLICATION REF: \_\_\_\_\_**

**1. PERSONAL INFORMATION**

<b>SURNAME</b>	<b>FIRST NAMES IN FULL</b>	<b>TITLE MR, MRS, MISS, MS ETC</b>		
<b>ADDRESS</b>		<b>DATE AND PLACE OF BIRTH</b>		<b>AGE</b>
<b>POSTCODE</b>				
<b>TELEPHONE NUMBERS</b>		<b>NATIONAL INSURANCE NUMBER (Complete Below)</b>		
<b>PRIVATE:</b>				
<b>BUSINESS:</b>				
<b>MOBILE:</b>				
<b>E-mail:</b>				

**DO YOU HOLD A FULL CURRENT DRIVING LICENCE? YES/NO**

**DRIVER No.** \_\_\_\_\_ **VALID FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**PSV No.** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**LICENCE GROUPS:** \_\_\_\_\_

**HOW WAS D1 OBTAINED:** BY TEST  GRANDFATHER RIGHTS (PRE 1997)

**DQC CARD** \_\_\_\_\_ **Tachograph Card** \_\_\_\_\_

**DO YOU HAVE ACCESS TO TRANSPORT? YES/NO**

If you answer 'yes' to any of the following questions, then please give details in the space below each question.

**Have you been convicted during the past 5 years of any offence in connection with a motor vehicle? YES/NO**

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**Have you ever been disqualified from driving? YES/NO**

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**Have you any prosecutions or police enquiries pending for motoring offences? YES/NO**

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 .....

Have you had a motor insurance policy declined, cancelled or been refused renewal YES/NO or had any special conditions 'imposed'?

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Have you been involved as a driver in an accident in the last five years, regardless of fault? YES/NO

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.....

Have you currently, or have any history of, any condition or disability which may affect your ability to drive safely now or in the future? If in doubt, declare any condition or disability. YES/NO

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Are you currently taking any medication which may affect your driving ability? YES/NO

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Have you resided outside the United Kingdom or the Republic of Ireland for at least 3 years? YES/NO

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Have you any additional licences eg.HGV or PCV? YES/NO

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**2. MEDICAL HISTORY**

**HAVE YOU HAD ANY SERIOUS ILLNESS? YES/NO (if yes please give details)**

**PLEASE GIVE BRIEF DETAILS AND APPROXIMATE DATES OF ANY PERIODS OF SICKNESS OVER THE PAST TWO YEARS:**



**4. EMPLOYMENT HISTORY**

**PRESENT POST**

<b>NAME OF EMPLOYER:</b>  <b>ADDRESS:</b>  <b>POST CODE:</b> <b>TELEPHONE:</b> <b>E-mail:</b>	<b>DATE APPOINTED</b>	<b>PRESENT SALARY</b>	<b>PERIOD OF NOTICE</b>
	<b>JOB TITLE:</b>		
	<b>REASON FOR LEAVING:</b>		

**PRINCIPAL DUTIES OF PRESENT POST**

**5. EXPERIENCE**

**PLEASE LIST YOUR PREVIOUS POSTS, BEGINNING WITH THE MOST RECENT**

DATES FROM TO	NAME AND ADDRESS OF EMPLOYER	POST, DUTIES, SALARY	REASON FOR LEAVING
<b>PLEASE NOTE: Any of the above employers may be asked for a reference</b>			

**PLEASE GIVE DETAILS OF YOUR EXPERIENCE AND TRAINING RELEVANT TO THIS APPLICATION (Continue on a separate sheet if necessary)**

**6. LEISURE INTERESTS**

**HOBBIES/INTERESTS**

**7. REFEREES**

PLEASE PROVIDE REFEREES (NOT RELATED TO YOU) WHO HAVE KNOWLEDGE OF YOUR WORK OVER THE PAST THREE YEARS WHO ARE IN A SUPERVISORY/MANAGERIAL CAPACITY.  
(Continue on a separate sheet if necessary)

NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
JOB TITLE:	JOB TITLE:
TELEPHONE No:	TELEPHONE No;
E-mail:	E-mail:

IF YOU HAVE NOT NAMED YOUR CURRENT EMPLOYER (OR IF UNEMPLOYED, YOUR PREVIOUS EMPLOYER) PLEASE STATE WHY.

**8. ADDITIONAL INFORMATION**

**I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING INFORMATION IS TRUE AND ACCURATE.**

**SIGNED:** .....

**DATE:** .....

**NOTE:** A CANDIDATE FOUND TO HAVE KNOWINGLY GIVEN FALSE INFORMATION, OR TO HAVE WILFULLY SUPPRESSED ANY MATERIAL FACT, MAY BE LIABLE TO DISQUALIFICATION OR, IF APPOINTED, TO DISMISSAL.

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**PLEASE ENSURE THAT YOU COMPLETE THE ATTACHED MONITORING PAGE**

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