PCV DRIVER/ PASSENGER ASSISTANT Application Form



When completed please return to: CT Plus CIC, 2 Walthamstow Avenue, Walthamstow, London E4 8ST

1. Personal information

Name in full				
Address	Date of birth			
	Llare delanhana gurahan			
	Home telephone number			
	Mobile telephone number			
Post code				
2. Driver licence information				
Driver number / Do you hold	1			
A current driving licence? Yes No Date held	from Expiry date			
PCV (PSV) entitlement? Yes No Date held				
LGV entitlement? Yes No Date held				
Provisional PCV entitlement? Yes No Date held	from Expiry date			
Are there endorsements on your licence?	No If yes, please provide details			
Date of offence Convictions	No. of points Code			
Date of offence Convictions	No. of points Code			
Are you subject to any pending motoring offences Yes No If yes, please provide details				
Date of offence Notice of offence				
Have you ever been refused a licence or an entitlement? Have you ever had your licence Yes No revoked or taken away? Yes No				
If yes, on what grounds?				

involved, in the last five years.	een
Please enclose a photocopy of your driving licence with the completed application form.	
3. General Health information	
How many days off work have you had in the last 2 years?	
Thow many days on work have you had in the last 2 years:	
Please give details of any injuries that you have that may affect your ability to drive.	
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Are you currently on any medication? If so please give details.	
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4. Why do you want to work for CT Plus CIC?

Please use this space to outline the reasons why you wis include details of any experience of dealing with member or voluntary activity you have undertaken.	sh to work for CT Plus CIC. You may wish to so of the public, handling cash and any community
	[Continue on a separate sheet and attach if you wish]

5. Employment details

Please provide details of your current or most recent employment and, if applicable, the two positions prior to this. Include voluntary positions if applicable.

Name of a delivery of		Datas	December for
Name & address of		Dates	Reason for
employer	Job title & duties	employed	leaving
6. Vocational qualificat	ions and other skills		
or vocational qualificati			
Please give details of any a	kills or qualifications that you have th	at are relevent	to this post (for
avample and amora are tree	ning first old continues and you have the	oronoca trainia	10 11119 POST (101
example customer care train	ning, first aid certificate, disability aw	areness training]).

7. Convictions and legal proceedings

With the exception of offences which are "spent" under the terms of the "Rehabilitation of Offenders Act 1974", enter the exact details of any criminal convictions. Please enter details of any outstanding Summons of Prosecution. If you have no convictions or outstanding summonses please write "none".

Date of offence	Date of conviction	N	Nature of offence		Sentence or court order
8. References					
Please provide names and details of two referees, one of whom must be your present or most recent employer. The other may be someone who has known you for at least two years. This may not be a relative. We will not contact your referees prior to any offer of employment.					
Current or most red	cent employer		Second	referee	
Name			Name		
Job title			Job title		
Company			Compa	ny	
Address			Address	3	
Telephone number Tele		Telepho	Telephone number		
9. Declaration of validity					
I declare that the information provided on this application form is, to my knowledge true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be discharged from my employment with CT Plus CIC. With the exception of offences that are spent under the terms of the "Rehabilitation of Offenders Act 1974", I have included details of criminal convictions, including driving offences. I am legally entitled to take paid employment in the UK.					
Signature				Date	