

PSV DRIVER (Guernsey) Application Form



When completed please return to:

Alaska Help Administrator or hrguernsey@hctgroup.org
CT Plus Guernsey Ltd
Les Banques, St. Peter Port
Guernsey, GY1 2HZ

1. Personal information

Name in full:	
Email address -	
Address <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Date of birth <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Home telephone number <div style="border: 1px solid black; height: 25px; width: 100%;"></div> Mobile telephone number <div style="border: 1px solid black; height: 35px; width: 100%;"></div>
Post code	National Ins. No. -

Are you residentially qualified? Yes No

2. Driver licence information

Driver number / /

Do you hold

A current driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date held from	<input type="text"/>	Expiry date	<input type="text"/>
Guernsey PSV (Omnibus D) licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date held from	<input type="text"/>	Expiry date	<input type="text"/>
UK PCV (PSV) entitlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date held from	<input type="text"/>	Expiry date	<input type="text"/>
UK LGV entitlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date held from	<input type="text"/>	Expiry date	<input type="text"/>
Provisional UK PCV entitlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date held from	<input type="text"/>	Expiry date	<input type="text"/>

Are there endorsements on your licence? Yes No If yes, please provide details

Date of offence	<input type="text"/>	Convictions	<input type="text"/>	No. of points	<input type="text"/>	Code	<input type="text"/>
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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? Yes No Have you ever had your licence revoked or taken away? Yes No

If yes, on what grounds?

Please give details and dates of any road accidents, blameworthy or not, in which you have been involved, in the last five years.

Please enclose a colour photocopy of your driving licence(s) with the completed application form.

3. General Health information

How many days off 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.

Are you currently on any medication? If so please give details.

4. Why do you want to work for CT PLUS?

Please use this space to outline the reasons why you wish to work for CT PLUS. You may wish to include details of any experience of dealing with members of the public, handling cash and any community or voluntary activity you have undertaken. Please refer to the 'Person Specification' when detailing experience as this is the information we will use to select applicants for interview.

[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 & address of employer	Job title & duties	Dates employed	Reason for leaving

6. Vocational qualifications and other skills

Please give details of any skills or qualifications that you have that are relevant to this post (for example customer care training, first aid certificate, disability awareness training).

7. Convictions and legal proceedings

With the exception of offences which are “spent” under the terms of:

- the UK “Rehabilitation of Offenders Act 1974”;
- the Guernsey Rehabilitation of Offenders (Bailiwick of Guernsey) Law;
- the UK Rehabilitation of Offenders (Exceptions) Order 1975; and
- the Guernsey Rehabilitation of Offenders (Bailiwick of Guernsey) Law 2002 (Commencement, Exclusions and Exceptions) Ordinance 2006

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	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 recent employer

Second referee

Name

Name

Job title

Job title

Company

Company

Address

Address

Telephone number

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. With the exception of offences that are spent under paragraph 7 of this application form, I have included details of criminal convictions, including driving offences. I am legally entitled to take paid employment in the Bailiwick of Guernsey.

Signature

Date