

Miss Sharon Lynch (Private & Confidential)  
Manager  
Shopmobility Centre  
Albert Lane  
Barnstaple  
North Devon  
EX32 8RL



Please return this application form to the above address

**Application for the position of:** Driver

**PERSONAL DETAILS**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Post Code:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **National Insurance No:** \_\_\_\_\_

**Tel No: (Home)** \_\_\_\_\_ **(Other)** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

Go North Devon (GND) are committed to equality of opportunity and will ensure that in its recruitment, employment and business practices no employee, volunteer or member of the public will be treated less favourably than another. Please outline below any special needs that you may have or any reasonable adjustments that may be required to enable you to undertake the tasks involved for this position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCE**

How long have you lived at your present address? \_\_\_\_\_

Previous address/addresses (if resident at present address for less than 5 years?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT/MOST RECENT OCCUPATION**

Employed    Full Time     Part Time

Job Title \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Or Student Studying \_\_\_\_\_

Retired     At School     Unwaged at Home     Other

**PREVIOUS EMPLOYMENT FOR THE LAST 10 YEARS.** (Continue on a separate sheet if necessary)

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PLEASE OUTLINE ANY RELEVANT ACTIVITIES/PERSONAL INTERESTS OR SKILLS**

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Please indicate your availability to drive throughout the week by ticking the appropriate boxes.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**EDUCATIONAL QUALIFICATIONS**

Qualification / Education Provider	From	To	Grade

**OTHER COURSES OR TRAINING**

Course Title	From	To	Organised By

<b>VOLUNTARY WORK EXPERIENCE</b>
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<b>Organisation Placed With</b>	<b>To</b>	<b>From</b>	<b>Experience Gained</b>

**Please give details of any absence from your current or previous place of employment (other than holiday entitlement) over the last two years.**

<b>Date</b>		<b>Reason for Absence</b>
<b>From</b>	<b>To</b>	

## PERSONAL STATEMENT

### THIS IS THE MOST IMPORTANT PART OF YOUR APPLICATION

In this section, you are asked to tell us how your knowledge, skills and experience meet the criteria required for this post (as outlined in the Person Specification). You should cross-reference your skills against these criteria using no more than two sides of A4. Make sure you draw on your experience from your current or previous roles, as well as from other relevant situations (such as activities outside work, including voluntary work in the community, experience of organising activities for a club/society or running a home). Please make sure you address each point of the Person Specification and use specific examples and explain how you meet the requirement.

**REFERENCES**

Please give the name and addresses of two people who we can approach for a reference, the first of which should be your present (or most recent) employer. Relatives and partners cannot act as referees.

1. **Name:** \_\_\_\_\_ 2. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**Tel No:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

In what capacity are they known to you?

1. \_\_\_\_\_

2. \_\_\_\_\_

Can we approach them for a reference **PRIOR** to interview? **YES/NO**

**Signed** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Are you related or acquainted with any member of the Management Board (including those in attendance) or employee of Go North Devon Ltd? If 'Yes', please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION OF OFFENCES (Criminal Convictions)**

Because of the nature of the work for which you are applying, under the Rehabilitation of Offenders Act 1974 (Exemption Order 1975) you are not entitled to withhold information about any criminal convictions you might have, including those committed whilst a juvenile, which for other purposes may be regarded as 'spent'. Whilst a criminal conviction is itself not a bar to employment, certain convictions may prohibit your employment.

Have you ever been convicted of a criminal offence?

**YES/NO**

If 'yes' please outline below. If there are none please write 'NONE'

<b>Date</b>	<b>Offence/s</b>	<b>Court Disposal</b>

I understand that in respect of this application it may be necessary for GND to make enquiries regarding my circumstances. I hereby give permission to GND to initiate a DBS check on any convictions or cautions that may be recorded against me.

I \_\_\_\_\_ understand that all client information that is disclosed to me, or which comes to my knowledge, in connection with my placement at Go North Devon Ltd (GND) or any other placement subsequent to my employment is not passed on without requisite authority, in accordance with the GND's policy and procedures.

**PERSONAL DECLARATION**

I confirm that to the best of my knowledge the information given on this form is true and correct and can be treated as part of any subsequent contract of employment. Any information later found to be false may result in dismissal.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

# LICENCE AND DRIVING DETAILS

Driver Licence Number: .....

Date Issued: ..... Date Expires: .....

Full Licence (Yes / No): ..... Years Since Past Test: .....

Licence Groups: .....

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

Have you been convicted during the past five years of any offence in connection with a motor vehicle?

**YES / NO**

If Yes give details

.....  
 .....  
 .....

Have you **ever** been disqualified from driving?

**YES / NO**

If yes give details

.....  
 .....  
 .....

Have you prosecutions or police enquiries pending for motoring offences?

**YES / NO**

If yes give details

.....  
 .....  
 .....

## **ACCIDENTS - Have you been involved in any accident in the last 5 Years ?**

Accident Date:	Circumstances	Costs	Fault / Non Fault



Have you had a motor insurance policy declined, cancelled or been refused renewal or had any special conditions 'imposed'?

**YES / NO**

If yes give details

.....  
.....  
.....

Have you been involved in an accident in the last five years regardless of fault?

**YES / NO**

If yes give details

.....  
.....

Have you currently, or have you 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**

.....  
.....

Are you currently taking any medication which may affect your driving ability?

**YES / NO**

**If yes give details**

.....  
.....

Have you any additional Licences to drive vehicle groups other than private cars?

**YES / NO**

If yes give details

.....  
.....

**Declaration**

I declare that the details given are correct, and that within my knowledge, there is no other material fact which should be disclosed. I agree to exercise all due care for the safety of my passengers and the security of the vehicle whilst in my charge and I also undertake to inform of any accident that occurs whilst I am responsible for the vehicle. I understand that is an offence under the Road Traffic Act to knowingly make a false statement to obtain insurance cover. I undertake to advise of any subsequent illness, condition or event which might affect my suitability as a driver including any subsequent refusal of any motor insurance or any driving convictions. I understand that failure to do so and any false declaration made above may render the insurance cover for the vehicle(s) invalid and that I may then be held personally responsible to pay costs and damages. I understand that all information above will be treated in the strictest confidence.

**Signature of Driver:** ..... **Date**.....

**CHANGE OF CIRCUMSTANCES**

**Details:**

.....  
.....  
.....

**Signature of Driver:** ..... **Date:** .....

Recruitment 2019/ Application form Driver