PAGE 1 - PERSONAL DETAILS		
Title:	First name:	Last name:
Sex M/F:	Nationality:	Date of Birth:
CONTACT DETAILS	NEXT OF KIN (EME	RGENCY CONTACT)
Address:	Name:	
	Phone:	

	BANK DETAILS	
Postcode:	Bank/Branch:	
Mobile required	Account No.:	
Email: required	Sort code:	
Home phone:	Account name:	
OTHER INFORMATION		

Driver Number (on your driving licence):	Licence expires:  Car owner Y/N:
	EMPLOYMENT
Would this be your main job? Y/N	If no, who is your main employer?
Can you provide a P45? Y/N	
If not, please complete the attached P46	If no, what is your main job?

To comply with HMRC guidelines, it is not our policy to use Self-Employed Drivers unless they are already registered with a Driving Agency. If you are already an "Agency Driver" please get your agency to contact us.		
	DECLARATION	
I declare that the information given is to the best of my knowledge and believe it to be a true and accurate statement. Glasgow Coach Drivers warrants that its personnel will comply with any random alcohol and drug testing that may be conducted by either Just Coach Drivers or its clients, and any personnel who fail such tests will be removed from assignment with immediate effect.  You the Driver will not solicit or accept orders for services from any Glasgow Coach Drivers client whilst working for them AND six months after a period of termination without the prior written agreement from Glasgow Coach Drivers.		
Signed:	Date:	
Print name (CAPITALS):		

Please sign all pages of this Application Form















PAGE 2 - MEDICAL DETAILS			
Do you smoke? Y/N:		Sick days in last 5 years:	
Do you have any physical disabilities that could affect this application? If yes please give details:			
	BACK PROBLEMS		
	DACK PROBLEMS		
Have you ever suffered any back	Any other back injuries:		
issues such as: Slipped disc Y/N			
Sciatica Y/N Spinal injury Y/N			

	Medication taken:	
	EYESIGHT	
Do you require glasses or contact lens If yes, you may be required to give us a co	ses for driving? Y/N: opy of an eye test annually while employed with us.	
GENERAL HEALTH		
Please inform us of any other health issues or medication that hasn't already been explained above:		

DECLARATION		
I declare that the information given is to the best of my knowledge and believe it to be a true and accurate statement. Glasgow Coach Drivers warrants that its personnel will comply with any random alcohol and drug testing that may be conducted by either Glasgow Coach Drivers or its clients, and any personnel who fail such tests will be removed from assignment with immediate effect.  You the Driver will not solicit or accept orders for services from any Glasgow Coach Drivers client whilst working for them AND six months after a period of termination without the prior written agreement from  Glasgow Coach Drivers.		
Signed:	Date:	
Print name (CAPITALS):		

Please sign all pages of this Application Form















PAGE 3 - CONVICTIONS			
	motoring or criminal offences		
	or placed on probation during. If you do not have a CRB ser		
Date	Offence		Sentence or order
		Description and place of	
		the court	

DECLARATION		
I declare that the information given is to the best of my knowledge and believe it to be a true and accurate statement.  Glasgow Coach Drivers warrants that its personnel will comply with any random alcohol and drug testing that may be conducted by either Glasgow Coach Drivers or its clients, and any personnel who fail such tests will be removed from assignment with immediate effect.  You the Driver will not solicit or accept orders for services from any Glasgow Coach Drivers client whilst working for them AND six months after a period of termination without the prior written agreement from Glasgow Coach Drivers.		
Signed:	Date:	
Print name (CAPITALS):		
Fillit lialile (CAFIIALS).		

Please sign all pages of this Application Form



PAGE 4 - ADDITIONAL INFORMATION
Please use the space below for any additional information about you which you feel will assist us in considering
your application:
your application.

REFERENCES		
	ss of 2 references. At least one reference should be your ex-employer.	
	_	
1.	2.	

PLEASE SUBMIT PHOTOCOPIES OF THE FOLLOWING ITEMS WITH YOUR APPLICATION		
Driving Licence (both parts) Digital Tachograph Passport Driver CPC certificates or DQC card	Completed D796 form from our website Enhanced CRB or Scottish Disclosure Evidence of any other driving qualifications **** Plus 2 passport-sized photographs	
DECLA	RATION	

I declare that the information given is to the best of my knowledge and believe it to be a true and accurate statement. Glasgow Coach Drivers warrants that its personnel will comply with any random alcohol and drug testing that may be conducted by either Glasgow Coach Drivers or its clients, and any personnel who fail such tests will be removed from assignment with immediate effect.  You the Driver will not solicit or accept orders for services from any Glasgow Coach Drivers client whilst working for them		
AND six months after a period of termination without the priority Signed:	Date:	
Signed.		
Print name (CAPITALS):		

Please sign all pages of this Application Form Once completed please submit along with all relevant documents to our offices:









#### **UK HEAD OFFICE:**



Glasgow Coach Drivers, 0/3 78 Earl ST, Glasgow, G14 0DJ Tel 07077070495 email info@glasgowcoachdrivers.com Glasgow Coach Drivers Limited

114 Lunderston Drive, Glasgow, G53 6BS



#### P46: Employee without a form P45

#### Section one To be completed by the employee

Your employer will need this information if you don't have a form P45 from your previous employer. Your employer may ask you to complete this form or provide the same information in another format. If you later receive your P45, hand it to your present employer. Use capital letters when completing this form.

Your details	
National Insurance number This is very important in getting your tax and benefits right  Title - enter MR, MRS, MISS, MS or other title  Surname  First name(s)  Gendec Enter 'X' in the appropriate box  Male  Female	Address House or flat number  Rest of address including house name or flat name  Postcode
Your present circumstances  Read all the following statements carefully and enter 'X' in the one box that applies to you.  A - This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.  OR  B - This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.  OR  C - I have another job or receive a state or occupational pension.	Student Loans (advanced in the UK)  If you left a course of UK Higher Education before last 6 April and received your first UK Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (Do not enter 'X' in box D if you are repaying your UK Student Loan by agreement with the UK Student Loans Company to make monthly payments through your bank or building society account.)  Signature and date I confirm that this information is correct Signature  Date DD MM YYYY  2 0