

The logo for Westbourne Motors Motoring Assistance features the company name in white text on a dark blue background. The word 'Westbourne' is in a larger font, and 'Motors' is in a slightly smaller font. Below 'Motors' is the phrase 'Motoring Assistance' in a smaller, sans-serif font. To the left of the text are four vertical orange brush strokes of varying heights, suggesting motion or speed.**APPLICATION FOR EMPLOYMENT****Confidential**

This post is subject to a satisfactory Criminal Records Bureau check, which will disclose all cautions, reprimands and warnings as well as convictions. In addition to completing this application form, you are required to provide us with details of all spent and unspent convictions. Please give details below, or, if you would prefer, send this information to us under separate, confidential cover to Mrs Anne Colburn in a separate sealed envelope attached to the application form. Remember to include your name, address and the position for which you are applying. We guarantee that the information you provide will be used fairly and will only be seen by those who need to see it as part of the recruitment process. A Criminal record will not necessarily bar you from the advertised position. This will depend on the nature of the position and the circumstances and background of your offences. However, failure to reveal this information could lead to the withdrawal of an offer of employment.

POSITION APPLIED FOR

As part of the induction process, you will be required to complete an in-house drug screening to ensure that any potential drivers/staff are drug and alcohol free.

You may also be subject to random drug screening during your employment with Westbourne Motors. Any prescribed drugs being taken must be disclosed during the interview process, especially those that could indicate a false positive or affect driving ability. If you refuse to give consent to such an examination, do not disclose prescribed drugs or refuse to undergo the screening, the Company reserves the right to reject your application and immediately withdraw any offer of employment.

Please note, to enable us to comply with our obligations under the immigration, Asylum and Nationality Act 2006, you will be asked to provide written proof of your right to work in the United Kingdom, before any job offer is made to you. You will be given details of the original document or document which are required at the appropriate time.

**Where there is a question with a multiple answer choice, or yes/no,
please circle the answer where appropriate.**

PERSONAL DETAILS

SURNAME

.....

FULL FORENAMES

.....

HOME ADDRESS

.....

POST CODE

.....

EMAIL ADDRESS

.....

NATIONALITY

.....

HOME TELEPHONE NUMBER

.....

MOBILE

.....

PERSONAL STATUS

SINGLE/MARRIED/SEPARATED/DIVORCED/WIDOWED

NUMBER OF DEPENDANTS

.....

NUMBER OF CHILDREN

.....

NATIONAL INSURANCE NUMBER

.....

HEIGHT

.....

WEIGHT

DO YOU OWN A CAR? YES/NO

DO YOU HOLD A CURRENT DRIVING LICENCE? YES/NO

DO YOU HAVE POINTS ON YOUR DRIVING LICENCE? YES/NO HOW MANY

DOES YOUR DRIVING LICENCE ENTITLE YOU TO DRIVE: UP TO 3500KG/UP TO 7500KG/HGV IF HGV,
PLEASE STATE ENTITLEMENT

.....
.....

DO YOU HOLD A CURRENT CPC? YES/NO

IF **NO** WHAT IS THE NUMBER OF HOURS OF CPC TRAINING COMPLETED IN THE CURRENT FIVE
7/14/21/28/35/NONE OR IF ANOTHER AMOUNT PLEASE GIVE

YEAR PERIOD DETAILS

PLEASE GIVE DETAILS OF ANY ENDORSEMENTS WHICH APPEAR, OR HAVE APPEARED ON YOUR DRIVING
LICENCE IN THE PAST FIVE YEARS

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HAVE YOU BEEN INVOLVED IN A ROAD TRAFFIC ACCIDENT IN THE PAST FIVE YEARS? YES/NO
IF YES TO THE ABOVE PLEASE GIVE BRIEF DETAILS.

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PLEASE GIVE DETAILS OF ANY CRIMINAL CONVICTIONS ,INCLUDING MOTORING OFFENCES
WHICH ARE NOT SPENT UNDER THE REHABILITATION OF THE OFFENDERS ACT 1974.

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HAVE YOU ANY HEALTH CONDITION OR DISABILITY WHICH MAY AFFECT YOUR ABILITY TO CARRY OUT THE EMPLOYMENT FOR WHICH YOU ARE APPLYING?

YES/NO

IF YES TO ABOVE PLEASE GIVE DETAILS.

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.....

EMPLOYMENT HISTORY

YOUR **CURRENT** EMPLOYER NAME

YOUR **CURRENT** EMPLOYER ADDRESS

.....
.....

YOUR TYPE OF WORK.....

DATE STARTED.....

PRESENT PAY.....

REASON FOR LEAVING.....

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

PLEASE GIVE DETAILS BELOW OF YOUR PREVIOUS EMPLOYMENT STARTING WITH THE MOST RECENT.

DATE FROM.....

DATE TO.....

EMPLOYER NAME.....

EMPLOYER ADDRESS.....

.....
.....

TYPE OF BUSINESS.....

YOUR JOB.....

REASON FOR LEAVING.....

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

DATE FROM.....

DATE TO.....

EMPLOYER NAME.....

EMPLOYER ADDRESS.....

.....

.....

TYPE OF BUSINESS.....

YOUR JOB.....

REASON FOR LEAVING.....

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HAVE YOU PREVIOUSLY WORKED FOR US? YES/NO

IF **YES**, IN WHAT CAPACITY AND WHEN?

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HAVE YOU A CONTACT OR ARE YOU RELATED TO ANY PERSON IN THE EMPLOYMENT OF
WESTBOURNE MOTORS? YES/NO

IF SO, PLEASE GIVE DETAILS

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WE REQUIRE TWO REFERENCES, MAY WE CONTACT ANY OF THE ABOVE EMPLOYERS? YES/NO
IF NO TO THE ABOVE, WHICH EMPLOYERS DO YOU **NOT** WISH US TO CONTACT?

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REFERENCES

IF PREVIOUS EMPLOYERS ARE NOT NOMINATED AS REFEREES PLEASE INDICATE BELOW THE FULL NAME AND ADDRESS OF PERSONS WHO KNOW YOU WELL AND ARE PREPARED TO PROVIDE A REFERENCE FOR YOU.

NAME.....
ADDRESS.....
.....
POSTCODE.....

NAME.....
ADDRESS.....
.....
POSTCODE.....

EDUCATION AND TRAINING

SCHOOL.....
FROM TO.....
EXAMS/RESULTS.....
.....
.....

FURTHER EDUCATION.....
FROM..... TO.....
COURSES & RESULTS.....
.....
.....

HAVE YOU ANY OTHER QUALIFICATIONS, SPECIAL SKILLS OR EXPERIENCE INCLUDING WORK FOR FRANCHISED MOTOR DEALERSHIP THAT YOU FEEL WE SHOULD CONSIDER?
.....
.....

HAVE YOU A PERSONAL TOOL KIT? YES/NO

DO YOU HOLD A CURRENT MOT TESTING LICENCE? YES/NO

MANUFACTURERS AND SPECIALIST TRAINING.....
FROM..... TO.....
SUBJECT COVERED.....
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PLEASE OUTLINE THE SKILLS AND COMPETENCIES YOU HAVE GAINED THROUGH PAID EMPLOYMENT AND OTHER WORK ACTIVITIES AND INTEREST WHICH ARE RELEVANT TO YOUR APPLICATION.

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PLEASE USE THIS SPACE TO GIVE ANY OTHER INFORMATION YOU FEEL IS NECESSARY TO SUPPORT YOUR APPLICATION INCLUDING YOUR REASONS FOR APPLYING TO WESTBOURNE MOTORS.

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YOUR EXPECTATIONS

EXPECTED WEEKLY PAY

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DO YOU WISH TO WORK FULL TIME / PART TIME

IF PART TIME SPECIFY PREFERRED DAYS

MON/TUES/WED/THURS/FRI/SAT/SUN

HOURS

IF APPOINTED WHEN CAN YOU START?

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DO YOU OBJECT TO WORKING AT NIGHT OR AT WEEKENDS? YES/NO

IF YES TO ABOVE STATE WHEN YOU DO **NOT** WISH TO WORK

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IF OFFERED THIS POSITION, WILL YOU CONTINUE TO WORK ANYWHERE ELSE IN ANY OTHER CAPACITY?

YES/NO

IF **YES** PLEASE GIVE DETAILS

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DECLARATION

Sign and date the declarations and authorise below:

I declare that the information given by me, to the best of my knowledge, is true and complete.

I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination. In accordance with the Data Protection Act 2018, I hereby authorise Westbourne Motors to process the information contained in this application form for recruitment and selection purposes.

NAME (Block Capitals)

SIGNATURE

DATE

If posting this form, please return to

Westbourne Motors

HR Department

Westbourne House

Bishopstone Lane

Hickstead

West Sussex

BN6 9HG

FORM APF/1

(Issue 17)