



Wexford Bus Application Form

Please complete all sections of the application form, if more space is required to answer any questions please add additional pages to support your application.

We are an equal opportunities employer.

Position Applied for

Where did you hear about this vacancy? Please specify

| | |
|---------|----------------------|
| Website | <input type="text"/> |
| Print | <input type="text"/> |

| | |
|---------------|----------------------|
| Word of Mouth | <input type="text"/> |
| Other | <input type="text"/> |

As a public transport provider, we operate 24 hours a day, 7 days a week. Applicants will be required to work weekends, early morning, daytime, evening and night shifts (depending on the position), so by continuing with this application you are confirming your availability.

Section 1: Personal details

| | | | |
|-----------|----------------------|---------|----------------------|
| Forename | <input type="text"/> | Surname | <input type="text"/> |
| Address | <input type="text"/> | | |
| | <input type="text"/> | Eircode | <input type="text"/> |
| Email | <input type="text"/> | | |
| Telephone | <input type="text"/> | Mobile | <input type="text"/> |

Section 2: Driving Licence details

Do you have a Full Clean Driving Licence? Yes No

The following questions are only relevant if you are applying for a driving position if not please go to Section 3

Have you exchanged a foreign driving licence for a ROI one? Yes No

If yes, when?

Driving Licence Number

Please complete the Licence Entitlement Grid below by ticking the boxes relevant to you.

| Category | Automatic | Manual | Date test past |
|----------|--------------------------|--------------------------|----------------------|
| B (Car) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| C (HGV) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| D (Bus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Do you have a Bus Learner's Permit? Yes

If you already hold a Category D (Bus) licence please state which organisation provided your Bus training, please give details of the types of vehicle driven and for which company:

If you hold your Bus licence, have you completed the Driver Certificate of Professional Competence (CPC)? Yes No

If yes, please state the dates, certificate numbers and the names of the test centre for each 7 hour period of periodic training:

Please provide a print out of your CPC records from the RSA 'my CPC' site.

Have you been involved in any road traffic incidents within

the last 2 years (whether personally or whilst working)? Yes No

If yes, how many have you been involved in and please provide the detail of these?

Please provide full details of any endorsements or fixed penalties. You must declare any pending convictions/court appearances/driver awareness courses.

| Date of Conviction | Offence (Inc. code) | Date of offence | Disqualification Period / Fine | Points |
|--------------------|---------------------|-----------------|--------------------------------|--------|
| | | | | |
| | | | | |
| | | | | |

Has your Bus or Car Driving Licence ever been refused or revoked? Yes No

If yes, state the date, by whom and the reason:

Have you ever been refused motor insurance cover? Yes No

If yes, please outline the circumstances:

Have you ever lost your motor insurance no claims bonus? Yes No

If yes, please outline the circumstances:

Section 3: Employment History

Most recent/current employer

| | | |
|------------------|---|--|
| Name and Address | <input style="width: 100%; height: 20px;" type="text"/> | |
| Job Title | Dates to and from | <input style="width: 60%; height: 20px;" type="text"/> |
| Responsibilities | <input style="width: 100%; height: 40px;" type="text"/> | |

Previous Employment
 Please include details of ANY periods of unemployment or studying.

| | | |
|--------------------|---|--|
| Name and Address | <input style="width: 100%; height: 20px;" type="text"/> | |
| Job Title | Dates to and from | <input style="width: 60%; height: 20px;" type="text"/> |
| Responsibilities | <input style="width: 100%; height: 40px;" type="text"/> | |
| Reason for leaving | <input style="width: 100%; height: 20px;" type="text"/> | |

| | | |
|------------------|---|--|
| Name and Address | <input style="width: 100%; height: 20px;" type="text"/> | |
| Job Title | Dates to and from | <input style="width: 60%; height: 20px;" type="text"/> |
| Responsibilities | <input style="width: 100%; height: 40px;" type="text"/> | |

| | | | |
|--------------------|--|-------------------|--|
| Reason for leaving | | | |
| Name and Address | | | |
| Job Title | | Dates to and from | |
| Responsibilities | | | |
| Reason for leaving | | | |

Section 4: References

Reference 1

| | | | |
|-----------------------|--|--------------|--|
| Name | | Tel | |
| Address(inc. Eircode) | | | |
| Email | | Relationship | |

Reference 2

| | | | |
|-----------------------|--|--------------|--|
| Name | | Tel | |
| Address(inc. Eircode) | | | |
| Email | | Relationship | |

If one of your referees is your current employer please indicate whether we may contact prior to a job offer being made:

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Section 5: Education and training history

Please give details of your formal education and training.

| | | | |
|-----------------------|--|--|--|
| Name of institution | | | |
| Qualifications gained | | | |

| | | | |
|-----------------------|--|--|--|
| Name of institution | | | |
| Qualifications gained | | | |

Section 6 : Other work

If offered a position will you continue to work in any other company/organisation including voluntary work?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes please provide details below (the Company needs to ensure that any other work does not interfere with your permanent job and the Working Time Act)

| | | |
|--|--|--|
| | | |
|--|--|--|

Section 7 : Relevant skills, experience and knowledge

Please demonstrate how you feel you meet the requirements of the job by describing any relevant knowledge, qualifications, skills and experiences.

| | | |
|--|--|--|
| | | |
|--|--|--|

Please explain why you would like to join our company:

Please explain what you consider excellent customer service to be :

Please explain why safety is paramount in the public transport industry:

Section 8: Working and Republic of Ireland eligibility

Are you eligible to take up full time permanent employment in the Republic of Ireland?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Do you presently require a Visa or Work Permit to take up employment in the Republic of Ireland?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, what type of Visa or Work Permit do you have and are there any restrictions?

When does the current Visa or Work Permit expire?

Please enclose a copy of the Visa or Work Permit with your application, you will also be required to bring your passport, Visa or birth certificate with you for checking at interview.

Section 9: Security Declarations

Do you consent to participate in Garda vetting as required?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

To the best of my knowledge and belief there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed in relation to children or vulnerable adults by virtue of my appointment to Wexford Bus.

If yes, please declare:

Have you ever been convicted, imprisoned, fined or cautioned for any offence other than motoring, or bound over to keep the peace?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, please provide details of any unspent convictions (spent convictions within the meaning of the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 do not need to be disclosed).

Have you ever met with an accident, or received compensation under employer's liability, or suffered from an industrial disease? If yes please give details

Yes

No

Section 10: General Data Protection Regulation

I hereby give my explicit consent to Wexford Bus to use the information provided in the application form for recruitment and selection purposes and statistical and audit purposes only. The Company will ensure that the personal information submitted as part of the application will be stored or disposed of securely. Access to confidential information contained in this document will be restricted to those involved in the recruitment and selection process.

By signing below you give your consent for the company to hold and process this information:

Print name

Signed

Section 11: Health Declaration

Wexford Bus must be satisfied that there is nothing on the grounds of health which would preclude a candidate from performing their duties in a consistent and satisfactory manner. The onus is on you to declare your suitability to the best of your knowledge and belief and in this regard, you are required to complete this self-declaration.

Under the terms of current employment legislation, obligations are placed on both the employer and employee to contribute to ensuring that their workplace and their systems of work are safe. In addition, the employer and employee must make reasonable adaptations to the workplace or work practices if required, in view of any underlying disability.

Please tick the box to indicate that you have read and understood each point of the declaration:

- I hereby declare that I have read and agree to be bound by the Conditions of Service for the post in respect of which this application is made.
- I declare that to the best of my knowledge and belief there is nothing on grounds of health which would preclude me from meeting the Conditions of Service and performing my duties in a consistent and satisfactory manner. I am fully competent, fully capable and available to undertake the duties of the post.
- If you are unable to agree to the above statement, please indicate below any circumstances which could impact on the obligations outlined above or any reasonable adaptations to the workplace/ work practices that may be required.

Section 12: Declaration

All employment is subject to satisfactory references, medical examination, Garda Síochána vetting, signing a contract of employment and a period of probation determined by the Company.

I confirm that the information in this application form is correct to the best of my knowledge. I understand that any false declaration or misleading information is liable to lead to an offer of employment being withdrawn or employment being immediately terminated. I understand that if I fail to correctly complete the application form or fail to supply the required information it is liable to result in my application being rejected.

I confirm that I am eligible for full time permanent employment in the Republic of Ireland. I understand that fraudulent applications by individuals without the legal entitlement to work in the Republic of Ireland will be reported to the relevant enforcement agency.

Print Name

Signed

Date