



**HEALTH**

Do you have any current condition, past medical history, or claims to ACC which may affect your ability to drive and operate Buses or Coaches YES / NO (If yes, please supply details)

**NOTE: All drivers are subject to undergo a Pre-Employment Health Assessment or Medical.**

**LEGAL**

As you are applying for a position that requires a high level of trust and confidence, please indicate below:

Have you ever been convicted of any criminal offence? YES / NO (If yes, please supply details)

Do you agree to us requesting a copy of your legal record from the Ministry of Justice? YES / NO

**HOURS OF WORK**

Our business operates seven days a week and over any twenty four hours period. All drivers are required to work a variety of shifts, including nights, Saturdays and Sundays. Regular shift changes do occur, and you will need to remain flexible to accommodate changes to your work pattern. As a condition of employment, you must acknowledge your ability to work these hours, and to ensure your on-going co-operation by signing below. If you do not agree, please DO NOT sign.

**Signed:** \_\_\_\_\_

**Referees**

*Name two people (whose consent you have obtained) who know you well as an employee, that Urban Express can telephone. Nominate people able to comment on your ability to perform the duties of the position for which you have applied. We will prefer your last two employers.*

**Name**  
**Job Title**  
**Company**  
**Phone Number**

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*I consent to Pavlovich Coachlines Ltd seeking verbal or written information on a confidential basis about me from representatives of previous employers and/or referees and authorize the information sought to be released by them to Pavlovich for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received will not be disclosed to me.*

**Signed:** \_\_\_\_\_

**Date:**

**Declaration:**

*I declare that the answers to the questions in my application are true and correct and that any incorrect or misleading information or suppression of material facts in this form or any other document (eg. CV) may lead to disqualification, or if appointed, to termination of Employment. I accept that should my application be successful, the foregoing will be part of my employment agreement*

**Signed:** \_\_\_\_\_

**Date:**