Hour invitation

...to join a top London bus company as a bus driver!

The red London bus is one of our city's icons.

London's bus network is one of the most comprehensive networks of any major world city. As one of the largest operators in London we are consistently at the top of the performance league tables and are continually rated amongst the best.

In order to maintain our performance at the top of Transport for London's league tables we employ a workforce of over 5,600 staff working from 15 locations running 1,800 buses.

It's an extremely diverse workforce representing the multicultural society that we live and work in. However, we are keen to encourage more women to become bus drivers as they are one group who we feel are under represented. To ensure that we maintain our excellent performance, we are looking to recruit additional drivers in our operational area. Whilst it is not physically difficult to drive a bus, we do require certain attributes to be a successful bus driver.

You must be numerate and literate as well as tactful and confident in your approach to the travelling public. As buses run seven days per week you must be prepared to work shifts.

As a first step towards a career on the buses you must hold a full UK car driving licence for a minimum of TWO YEARS.

We can offer an excellent pay and benefits package in an industry that is growing every day; which means that you can have the added benefits of a job that offers both security and satisfaction. Our pay and benefits package, one of the best available, includes:

- Career development including the opportunity to gain a nationally recognised industry qualification.
- Contributory pension scheme.
- Full training, with pay.
- Guaranteed increases.
- Generous travel concessions for you and a nominee on London's transport network.
- Subject to availability, we have a limited number of part-time positions for applicants who already hold a valid PCV licence.





MAKING AN APPLICATION TO GO-AHEAD LONDON This form is for bus driver vacancies only

When submitting the downloaded application form to us you must ensure that you have ALL six pages that comprise the application form. There are four pages for the application form itself and two pages relating to our drugs screening policy and a medical questionnaire.

Once you have printed the application form you must ensure that you have answered ALL the questions as fully as possible. If you do not complete the form properly your application may be rejected. Before sending your application to us you must meet our minimum criteria which is:

- You must have held a valid United Kingdom driving licence for a MINIMUM of TWO years
- You must have no more than SIX penalty points on your licence
- If you have been convicted of a drink/drive offence, you must wait a MINIMUM of five years after the expiry date of the driving ban.
- We will not accept an application if you have more than one drink/drive conviction
- Please provide full postal addresses for ALL your previous and current employers. If you do not your application will be delayed and maybe rejected
- Please write clearly any addresses, phone numbers and/or e-mail addresses
- Please provide details of your work history for the past 5 years
- If you hold a PCV category D licence please ensure you provide details of where and with whom you passed your PCV driver training with details of any PCV driving experience (even it is more than 5 years ago)
- Please enclose a copy of your driving licence

Once you have fully completed your application please post it to the following address:

Go-Ahead London
Recruitment & Training Centre
1 Warner Road
Camberwell
London
SE5 9LU

Don't forget to put a stamp on the envelope!



APPLICATION FOR EMPLOYMENT

OFFICE USE

Aptitude Test Drive

Drugs Test Medical

Please print CLEARLY and complete in CAPITAL letters

Tick boxes where appropriate the control of the con	priate				
Post Preferred	Document Check Interview Date/Time:				
A. PERSONAL DETAILS Surname/	Approved for:				
Family Name	Location:				
Forenames/ Given Names	Grade:				
Former/Maiden Name (If appropriate)	Mr/Mrs/Miss/Ms Approved By:				
Your address:	Start date:				
	Ref Decision:				
Area/Town	Comments:				
County Postco	ode				
─────────────────────────────────────					
E-mail address:	_				
If you would like us to send correspondence relating to your application be	by e-mail please tick this box				
National Insurance No:	Date of Birth: / /				
В	🗀				
Have you previously worked for a Go-Ahead Group co	mpany? NO YES				
If YES please give details below:					
Where were you employed (name of Company)?	From / / To / /				
Why did you leave?					
Have you previously applied to us for employment?					
NO YES If YES when did you apply?					
C. HOW DID YOU HEAR ABOUT THE JOB?					
Newspaper Job Centre	Friend Back of Bus				
Poster Internet	Other (please specify)				

D. EMPLOYMENT HISTORY Please provide details of your employment during the past **5** years. Please provide **FULL** postal addresses or a **contact** number for all the employers that you list below. Include details of **ANY** periods of unemployment/studying (including address of where you were claiming benefits or studying). Please use Section H or a separate sheet of paper for any additional information that will support your application. Start with your present employer and work back. Any gaps/unaccounted periods in your work history can result in your application being rejected.

Name & Address of Employer	Dates	What did you do?	Why did you leave?			
Present/Most recent Employer:	From	vviiat did you do?	with did you leave?			
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Do you have any objection to your present or pr	evious employers	s being approached for	a reference prior to interview?			
NO YES W						
If YES please state which Company and reason	:					
		<u></u>				
Do you require a visa/work permit to take emplo	yment in the Unit	ed Kingdom? NO	YES			
If YES what type of visa/work permit do you have and are you restricted by the type of employment you can take or the						
number of hours you are permitted to work (for example Student Visa)? Give details below:						
We welcome applications from those with disabilities. Please indicate here whether you have a particular disability that might impact upon the job you have applied for:						
past apon the job you have applied for.						

E.	YOUR DRIVING LICENCE DETAILS							
	UK Driving Licence Number							
	How long have you held a full UK car driving licence?		•	Years		Months		
	Have you exchanged a Foreign licence for a UK licence?	NO	YES		If YES when?	1	/	
	Have you ever held an LGV or PCV licence?							
	LGV (Cat C) NO YES Expiry date of LGV	(Cat C)	/_	/	_			
	PCV (Cat D) NO YES Expiry date of PCV	(Cat D)	/_	_/	_			
	If you already hold a PCV (category D) licence please state which organisation provided your PCV training. Please give details of types of vehicle driven and with what company (use section H if you need more space):							
	Have you undertaken any periodic training (Driver CPC) If s	so how	many hou	rs have	you been acc	redited? _		
	Have you completed the BTEC bus driver qualification?	NO [YE	s \Box				
	Are there any endorsements or driving convictions on your lick of YES give full details in Section F below.	cence?	NO		YES			
Wherever possible enclose a photocopy of your licence. If you hold the new style photocard licence please copy the paper counterpart (D740) and both sides of the photocard. If you have been issued with a DQC card please enclose a copy								
F. CONVICTIONS Have you ever been convicted for a criminal offence (which is not spent under the Rehabilitation of Offenders Act 1974) NO YES If YES please provide details of the offence and sentence in the space below. If you have any driving offences please provide details in the space below. Use Section H if you need more space.								
	Date Offence		Sent	tence/C	ourt Order/Per	nalty/Fine		
G. EQUAL OPPORTUNITIES We are keen to promote equal opportunities throughout our organisation. To help us monitor the effectiveness of our policy, please tick the box which you feel best describes your ethnic origin. Your answer will not affect your application in any way.								
	ould describe my ethnic origin as:						,,	
P White European R Asian T Black African								
Q White Other S Black Caribbean U Black Other								
If yo	ou do not feel that the above groups apply to you, please tick t	his box	and spec	ify how	you would clas	ssify yours	self:	
V	v							

H. ADDITIONAL INFORMATION Please use this space (or additional paper if necessary) to provide any additional information that you feel may be relevant
to the post you are applying for:
J. DECLARATION All employment is subject to satisfactory references, medical examination (including a drugs test) and a period of probation.
I confirm that the information in this application form is correct to the best of my knowledge. I hereby give my explicit consent to Go-Ahead London (which includes London Central Bus Co Ltd, London General Transport Services Ltd, Docklands Buses Ltd & Blue Triangle Ltd) to process any personal data concerning me on this application form, including any sensitive personal data for the purposes of recruitment, employment and general business purposes, including placing and processing any such data on a computer system.
I understand that any false information or deliberate omissions will disqualify me from employment or that my employment may be terminated if the information provided is subsequently found to be incorrect.
Signed: Date:
Please ensure that you have completed ALL sections of this application form otherwise your application may be delayed

Please ensure that you have completed **ALL** sections of this application form otherwise your application may be delayed or rejected. Once you have completed your application form, return it along with the completed medical questionnaire in the envelope provided (you **MUST** attach a stamp) and a photocopy of your driving licence (if applying for a driving position) to:

Go-Ahead London Recruitment & Training Centre One Warner Road Camberwell London SE5 9LU



MEDICAL INFORMATION

Please complete in **BLOCK LETTERS** and tick boxes where appropriate

Trease complete in BEOCK EET TERS				
Name:		Age:		
Height: Ft. In.	Weight: S	t.	Ibs.	
Have you ever in your life – including childh	ood had ar	ny of the	e following?	?
Any Heart Condition		Yes	No	
Loss of sight or cataract removal		Yes	No	
Double or tunnel vision		Yes	No	
Sleep apnoea, narcolepsy or cataplexy		Yes	No	
Any epileptic attack or loss of consciousness		Yes	No	
Drink problem		Yes	No	
Drug addiction		Yes	No	
Are you being treated for any of the following?				
Angina		Yes	No	
Medical or nervous disorders		Yes	No	
Diabetes with insulin injections		Yes	No	
Have you stayed away from work or school in the past year?	?	Yes	No	
Have you consulted a doctor in the past year		Yes	No	
Have you any permanent disability		Yes	No	
If you have answered Yes in any of the boxes or if you have any other medical conditions which may affect you ability to work, please give particulars.				
The information give by me in this form is correct in every detail and I understand that giving false				
information could result in my rejection for employment.	tan and i and	Cistana a.	at giving ion	C
Signed Da	ate			





Drug Screening Procedure

Guidance Notes for Applicants

Go-Ahead London (referred to in this document as "The Company") operates a Drug Screening programme to monitor for the use of and the effects of drugs in the workplace and on premises occupied by the Company.

All individuals, without exception, seeking first time employment in, or transfer into, the job of bus driver, conductor and engineering wages grades are required to provide a urine sample for analysis to detect whether certain drugs have been used. Strict confidentiality is maintained at all times. The collection and analysis of specimens is carried out by Coombe Medical Services Ltd.

The Company will not continue with the recruitment procedure where any individual refuses to agree to provide a urine sample.

If the test proves positive for drugs listed below it is his/her responsibility to show, through medical evidence supplied in writing by a qualified and practising medical practitioner, that she/he has taken the drug for sound medical reasons acceptable to the Company and acceptable under current DVLA guidelines for Class 2 driving licence applications.

The Drug Abuse Policy of The Company prohibits, at all times, the possession of and the use of illegal drugs in all workplaces and premises occupied by the Company and failure to comply with this policy will render an employee liable to summary dismissal.

The drugs in question are:

Cannabis, OpiatesMorphine (including narcotics and heroin), Cocaine, Amphetamine (including Methamphetamine and Khat), Barbiturates, Benzodiazepines, Methadone, Tricyclic antidepressants, MDMA (Ecstacy).

In the event that the test shows negative, there is no further action. In the event that the test shows positive, the recruitment procedure is suspended. In normal circumstances, the Company will not proceed further with the recruitment procedure. You will be advised of the outcome shortly after you have provided the sample.

Where there is a positive result, the individual has the right to request further confirmatory testing. The full cost of the re-testing process must be paid by the individual concerned. This test must be undertaken within 24 hours of the initial test. The result of this test is usually available within one week. With this second test, a portion of each urine sample is retained untested in secure conditions of strict confidentiality for a period of one year. In the event of a dispute, the untested sample will only be made available under the chain of custody to a bona fide and recognised pathology testing service of the individual's choosing, except where it will be required as evidence in legal proceedings. The full cost of all re-testing processes must be paid by the individual concerned.

I have received a copy of this document.		
Signed	Date	
Print Name		
LG Drug Screening Guidance Notes for Applicants		January 2009