

VOLVO

**Get the power of
Volvo Trucks and Buses
behind your career**

**Apprentice Technician
Application Form**

Please return this form to:

Volvo Apprenticeship Recruitment
Stephenson College
Thornborough Road
Coalville
Leicestershire
LE67 3TN

APPRENTICE TECHNICIAN APPLICATION

Please complete all parts of this form in BLOCK Capitals

SURNAME :

FORENAMES:

PREFERRED NAME:

ADDRESS:

.....

POST CODE:

HOME TELEPHONE NUMBER

MOBILE NUMBER

NATIONAL INSURANCE NUMBER

MISCELLANEOUS

Do you have any friends or relatives employed by the Volvo Group? Please give details below.

REFERENCES

The Company will take up 2 references, one of which must be a current Tutor. The other can be a personal referee, but should not be a relative.

Name & Address of Referee	Name & Address of Referee
 Relationship:	 Relationship:

EMERGENCY CONTACT DETAILS

Please give the name and address of your parents/guardian

Home Telephone No:

Daytime No: (if different)

EDUCATION & TRAINING

School/s Attended	Subjects Studied	Qualifications Gained/Predicated Qualifications

Other Qualifications

Subject Studied	Qualification

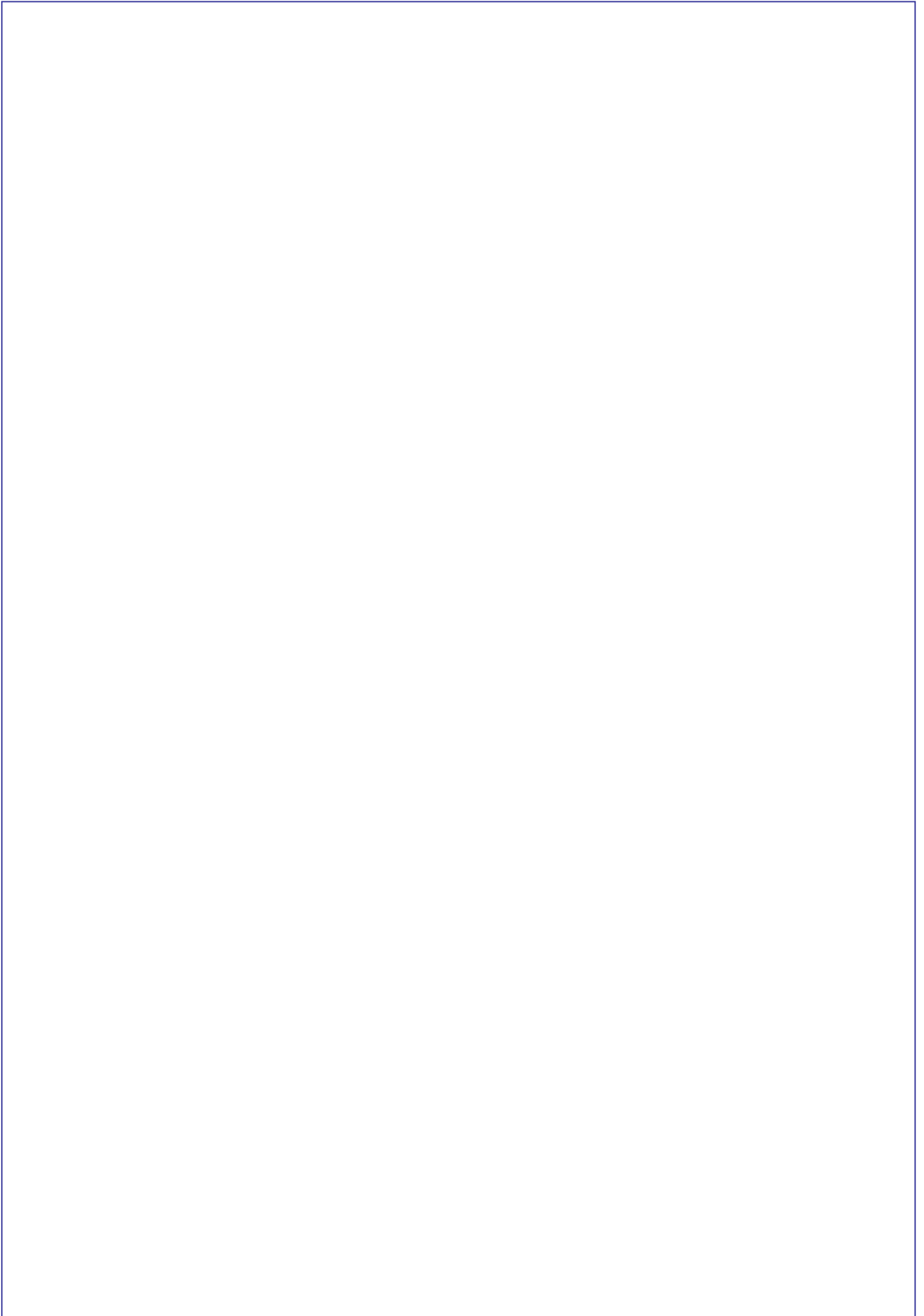
EMPLOYMENT HISTORY

Please give details of any part time work or work experience.

Name of Employer & Nature of Business	Job Title and duties	Length of Service	Reason for Leaving

YOUR APPLICATION

Please let us know in a maximum of 500 words why you want to apply for the Volvo Apprentice Technician Programme.



TUTORS COMMENTS

Please let us know why the applicant would be a suitable candidate for the Apprentice Technician Programme. (Please continue on a separate page if required and attach to the back)

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INTERESTS/HOBBIES

Please give details of your current hobbies/interests

OTHER DETAILS

Please let us know of any other information that you think is relevant to your application

MEDICAL/HEALTH

Have you ever suffered from a serious illness? If so, please describe:-

NB/ If you are registered disabled, there is a section for you to complete on the back of this form.

PERSONAL DETAILS

Volvo Group UK Ltd. regards itself as an Equal Opportunities Employer and as such, makes every effort to ensure that all applications are treated equally and fairly. In this respect, the information given below will be analysed to determine the effectiveness of our Equal Opportunities Policy.

Please note, this confidential information will not be used by the Company in any selection process, unless there is a legally justifiable job requirement.

<u>Sex:</u>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
<u>Ethnic Origin:</u>	African	<input type="checkbox"/>	Afro-Caribbean	<input type="checkbox"/>
	Asian	<input type="checkbox"/>	European (UK)	<input type="checkbox"/>
	European (other)	<input type="checkbox"/>	Other*	<input type="checkbox"/>
<u>Driving Licence</u>	Full	<input type="checkbox"/>	Provisional	<input type="checkbox"/>
	LGV	<input type="checkbox"/>	LGV Class	<input type="checkbox"/>
	PSV	<input type="checkbox"/>	Other	<input type="checkbox"/>
<i>Date of first issue and details of any endorsements:..../.. /</i>				
<u>Date of Birth:</u>	<input type="text"/>			
<u>Unspent Convictions:</u> <i>(Please give details)</i>				
<u>Disability:</u>				
<i>Persons with disability are considered to be persons who have persistent physical (visible and non-visible), mental, psychiatric, sensory or learning impairment.</i>				
Are you registered disabled as per the definition? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If you are disabled, are there any special arrangements required to enable you to attend interview? <i>(Please detail below)</i>				

Data Protection/Privacy

Access to this information will be restricted to a limited number of authorised Volvo Group UK Ltd employees. The information may also be used for the purposes of compiling employee statistics and equal opportunities monitoring.

I give my consent to this information being processed and stored (by means of a computer database or otherwise) as described above, for the duration of my contract of employment and to fulfil the statutory, or recommended, retention periods when I am no longer an employee within Volvo Group UK Ltd.

I confirm that all the information given on this form is complete and correct by signing below.

I confirm that the information on this form is, to the best of my knowledge, true and complete. I agree that any false statement or deliberate withholding of any information relevant to my employment may provide grounds for rescinding any offer of employment or terminating without notice or compensation any resulting contract. I also consent to undergoing a medical examination and to the Company taking up references from the given referees, if I accept an offer of employment.

Signed Date