

DRIVERS APPLICATION FORM



Name of Applicant: _____

Home Address:

Date of Birth: _____

Nationality: _____

PPS No: _____

Tele. # (Mobile 1): _____

Tele. # (Mobile 2): _____

Tele. # (Home): _____

In case of an emergency contact: _____

Relationship: _____

Employment Record:

Employment at present: _____

Available to commence work: _____

Particulars of Past Employment

Name & Address:	Period: From: To:	Type of Vehicles Driven:	Reason for Leaving:
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Experience (Refrigeration /Curtainsiders etc.):

Fitness Record:

a) Give details of any illness/disablement during the past 5 years:

b) Is Your Vision/Hearing Impaired? _____ Do you wear glasses? _____

c) Have you ever received treatment for the following: Diabetes, Epilepsy or any other form of blackout?

d) Are you willing to take an annual medical examination by a company doctor?

Driving Record:

Driving Licence No: _____

Issued by: _____

Date of expiry: _____

a) Have you been involved in a road traffic accident during the past 5 years? (If yes, give full details)

b) Have you ever been convicted of drink driving? (If yes, give full details)

c) Give details of all other driving convictions:

I, hereby declare that the above statements and particulars are true and that I have not suppressed, misrepresented or misstated any material fact.

Signature of Applicant: _____

Date: _____

For Office Use Only

Date Interviewed: _____

By whom: _____

Spoken English: _____

Written English: _____

References Checked: _____

By whom: _____

Driving Licence Checked: _____

By whom: _____

Start Date: _____ Starting Rate: _____

Week in Hand: _____

Other information:
