

DRIVER APPLICATION FORM

Position Applied For:

Your Personal Details

Surname

Forename(s)

Address

Postcode

Home Tel

Mob.

Date Of Birth

Place Of Birth

Nationality

Marital Status

Smoker

Non-Smoker

Type Of Work Preferred

Day Shift

Night Shift

Tramping

Full-Time

Part-Time

Odd Days

Medical History

It is important that you FULLY complete this section.

1. Do you require glasses for driving?

YES

NO

2. Do you require regular medication?

YES

NO

If YES please give details

3. Do you suffer from a disability?

YES

NO

If YES please give details

License Details

Type Of License Held

No Of Years

Endorsements

J. Oberteri Transport Ltd

Employment History

Employer/Address

Tel: Job Title

From To Basic Pay

Employer/Address

Tel: Job Title

From To Basic Pay

Employer/Address

Tel: Job Title

From To Basic Pay

Supplementary Information

Are you willing to work weekends? YES NO

Do you have any Holidays Booked?

If YES please give details

What notice does your current employer require

Important Notice

NB- Drivers are on occasion required to drive any vehicle covered by there current Driving license
 i.e - Class 1 Drivers May be asked to cover jobs on Class 2 vehicles
 Employment will be offered based only on the satisfactory completion of a 3 month trial period

Declaration

I have read and fully understand the company pay structure
 I confirm that the information supplied in this document is CORRECT.
 I understand that any false or misleading information or deliberate omissions
 will disqualify me from,or render me liable to dismissal from the employment
 of J.O Transport Limited

Signed Date