

Driver's Declaration Form

Please complete the Driver's Declaration Form using black or blue ink, sign it at the end and give it to your fleet manager/responsible/HR office.

A new Driver's Declaration Form has to be submitted every year as a minimum and every time there are any changes on driver's licence (upgrades, downgrades, penalty points) as well as medical issues that could have an impact on your driving ability.

Any untruthful statement will render the employee liable to dismissal without notice.

Personal Details

Surname:

First name/s:

Address:

PPS No. :

Home Telephone No. :

Mobile Telephone No. :

E-mail address:

Do you hold a full clean C/D driving licence?

Yes

No

Do you hold a CPC card?

Yes

No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes

No

If yes, explain:

Has any license, permit or privilege ever been suspended or revoked?

Yes

No

If yes, explain:

Notes:

Driving Experience

Type of equipment	From (date)	To (date)	Approx. no. of km/miles
Tractor			
Trailer			
Straight truck			
Bus			
Other (specify)			

Notes _____

Accident Record for the last 3 years

This information will be verified.

Date	Nature of accident	Fatalities	Injuries	Commercial vehicle	Personal vehicle

Notes _____

Traffic Convictions for the last 3 years

This information will be verified.

Date	Charge, penalty, location	Commercial vehicle	Personal vehicle

Notes _____

Have you ever been disqualified by a Court from holding a full driving licence or a provisional driving licence? If yes, please provide details:

Has a Court ever made an order requiring the endorsement of a driving licence or a provisional driving licence held by you? If yes, please provide details:

Have you ever made a claim against your employer or your employers insurance for an accident you had at work? If yes, please provide details:

Are you currently, or have you ever been, involved in any legal proceedings for compensation as a result of an accident at work? If yes, please provide details:

Have you ever been involved in a traffic accident for which you were held responsible? If yes, please provide details:

Previous Employers

Employer (latest)	Date (From-to):
Address:	City:
Contact person:	Phone no.
Reason for leaving:	

Employer (latest)	Date (From-to):
Address:	City:
Contact person:	Phone no.
Reason for leaving:	

Employer (latest)	Date (From-to):
Address:	City:
Contact person:	Phone no.
Reason for leaving:	

Employer (latest)	Date (From-to):
Address:	City:
Contact person:	Phone no.
Reason for leaving:	

Employer (latest)	Date (From-to):
Address:	City:
Contact person:	Phone no.
Reason for leaving:	

We will request references from your previous employers.

If you have been self-employed, please provide details:

Any trucking, transportation experience that may help in your work for this company:

Courses and training:

Equipment, technical material you can work with:

Medical Information

Have you ever suffered from alcoholism or epilepsy?

Do you use drugs or medication likely to make your driving unsafe?

Do you have any of these medical conditions or experienced one of the following:

diabetes, epilepsy, stroke or TIAs, fits or blackouts, any type of brain surgery, implanted pacemaker, implanted defibrillator, dizziness attacks, multiple sclerosis, motor neurone disease, Parkinson's disease, Huntington's disease, alcohol misuse or dependency, drugs misuse or dependency, serious psychiatric illness or mental health problem, sleep apnoea, narcolepsy, total loss of sight in one eye, hearing deficiency, any persisting problem with arm(s) or leg(s) for which driving has to be restricted to certain vehicles types

I declare that the information I have given is true and accurate, and that I have not omitted any relevant facts which may have a bearing upon my work.

I understand that a false declaration will render me liable to disciplinary action, including dismissal without notice.

I give my consent to the company for seeking references from my previous employer and contact local authorities for validating my CPC and driver licence.

Name:

Date:

Signature: