



Document: SIN-HRR-FRM-001

Revision: 1

Page: 1 of 7

Effective Date: 1 August 2013

Written by C. Viljoen

Reviewed by: T. Viljoen

Approved by: R. Viljoen

Operations Office

1st Floor, North Block, Alrode Multipark, JG Strijdom Road, Alrode, Johannesburg
 PO Box 11023, Randhart, Alberton, 1457
 Tel: 0861 744 768
 Fax: 0865 172 484
 079 476 2944 (Henry)

PLEASE NOTE THE FOLLOWING:**QUALIFICATIONS: -**

- At least Standard Eight / Grade Ten
- Valid unendorsed Code 10 /11/ EC1 or Code 14 / EC driver's license
- Valid Public Drivers Permit

AGE PROFILE: -

- Between 25 and 45 years old

EXPERIENCE: -

- Minimum of 2 years heavy duty driving
- Long distance, urban driving with or without tanker experience

DATE OF APPLICATION

D	D	M	M	Y	Y

 Tick where applicable**1. PERSONAL DETAILS****1.1. Names:**

Surname:		Title	MR	MS
First Names:		Initials		

1.2. Addresses:

Postal address					
Postal code:					

Residential			
Is this where you stay?	Yes	No	

1.3. Telephone Numbers:

Home:	
Work:	
Cellphone:	
Other Contact Numbers:	

1.4. Particulars Concerning Place of Birth, Age and Sex:



Document: SIN-HRR-FRM-001

Revision: 1

Page: 2 of 7

Effective Date: 1 August 2013

Written by C. Viljoen

Reviewed by: T. Viljoen

Approved by: R. Viljoen

Place of Birth:										
* Name of town:										
* Province:										
* Country:										
* Is this your traditional home?	Yes	No								
Nationality:										
Permanent Residence Permit #:										
Language:	Afrikaans	English	Zulu	Xhosa	Sotho	Tswana	San			
Date of birth:	D	D	-	M	M	-	Y	Y	Y	Y
Identity Number:										
Gender:	Male:						Female:			

1.5. Marital Status and Related Matters:

Marital Status:	Married:		Single:	
If married, spouses details:				
* Names:				
* Occupation:				
* Qualifications:				
* Address				
Dependants:				
* Number of Children:				
* Parents:				
* Other:				
* Would your wife mind if you not staying at home?	Yes	No		

1.6. Drivers License Details: (Copy to be attached)

Drivers licence:										
* Code:	EC	EC1	EB	C	C1	B	A	A1		
* Date of issue:	D	D	-	M	M	-	Y	Y	Y	Y
* Licence number:										
* Restrictions:										
* Expiry Date:	D	D	-	M	M	-	Y	Y	Y	Y
Copy must be attached										
Professional Driving Permit #:	G.P	or	D.G.P							
* Issuing authority:										
* Expiry Date:	D	D	-	M	M	-	Y	Y	Y	Y



Document: SIN-HRR-FRM-001

Revision: 1

Page: 3 of 7

Effective Date: 1 August 2013

Written by C. Viljoen

Reviewed by: T. Viljoen

Approved by: R. Viljoen

Copy must be attached												
Do you have a Forklift Operators certificate?						YES		NO				
* Expiry Date:			D	D	-	M	M	-	Y	Y	Y	Y

1.7. In what area would you prefer to work?

Province:	Tick:	Town:
Gauteng		
Mpumalanga		
Limpopo		
North West		
Free State		
Kwazulu-Natal		
Eastern Cape		
Northern Cape		
Western Cape		

2. EDUCATIONAL RECORD**2.1. School: (Certificate to be attached)**

Last school attended:						
Period attended:						
Highest grade passed:	Grade 7 / Std. 5	Grade 8 / Std. 6	Grade 9 / Std. 7	Grade 10 / Std. 8	Grade 11 / Std. 9	Grade 12 / Std. 10
Subjects passed:						
Certified copy must be attached						
Leadership roles:						

2.2. Colleges / Universities:

Institution:	
Period attended: Year	
Diploma / degree:	
Major subjects:	
Awards:	

3. SOCIAL INTERESTS

Your present sporting interests:	
Your present cultural interests:	



Document: SIN-HRR-FRM-001

Revision: 1

Page: 4 of 7

Effective Date: 1 August 2013

Written by C. Viljoen

Reviewed by: T. Viljoen

Approved by: R. Viljoen

Other outside interests:	
To which social, sporting club do you belong:	

4. EMPLOYMENT HISTORY (At least 3 years)

4.1. Present or Recent Employment:

Company name:										
Position held:										
Company Address:										
Telephone number:										
Contact Person:										
Salary per month:										
Other benefits:										
The dates below are very important										
Date started employment:	D	D	-	M	M	-	Y	Y	Y	Y
Date ended employment:	D	D	-	M	M	-	Y	Y	Y	Y
What kind of <u>trucks</u> did you drive?										
What kind of <u>trailers</u> did you drive?										
Reason for leaving:										

4.2. Previous Employment:

Company name:										
Position held:										
Company Address:										
Telephone number:										
Contact Person:										
Salary per month:										
Other benefits:										
The dates below are very important										
Date started employment:	D	D	-	M	M	-	Y	Y	Y	Y
Date ended employment:	D	D	-	M	M	-	Y	Y	Y	Y



Document: SIN-HRR-FRM-001

Revision: 1

Page: 5 of 7

Effective Date: 1 August 2013

Written by C. Viljoen

Reviewed by: T. Viljoen

Approved by: R. Viljoen

What kind of <u>trucks</u> did you drive?	
What kind of <u>trailers</u> did you drive?	
Reason for leaving:	

4.3. Passed Previous Employment:

Company name:																					
Position held:																					
Company Address:																					
Telephone number:																					
Contact Person:																					
Salary per month:																					
Other benefits:																					
The dates below are very important																					
Date started employment:	<table border="1"> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table>	D	D		M	M		Y	Y	Y	Y			-			-				
D	D		M	M		Y	Y	Y	Y												
		-			-																
Date ended employment:	<table border="1"> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table>	D	D		M	M		Y	Y	Y	Y			-			-				
D	D		M	M		Y	Y	Y	Y												
		-			-																
What kind of <u>trucks</u> did you drive?																					
What kind of <u>trailers</u> did you drive?																					
Reason for leaving:																					

5. HEALTH

Are you prepared to undergo a thorough medical examination?	Yes	No	
If not, why?			
May we test your urine and blood for substance abuse?	Yes	No	
Any current illness, disease or medical condition?			
Do you suffer from depression or mental illness?	Yes	No	
Do you use alcohol or drugs?	Yes	No	
Do you suffer from any physical disability, epilepsy or colour blind?	Yes	No	
Have you ever been involved in an accident?	Yes	No	
If yes, what happened:			

6. CRIMINAL RECORD

Do you have a criminal record?	Yes	No	
If so, what was the offence?			
What was the outcome of the case?			
	Suspended Sentence		
	Awaiting Trail		



DRIVER APPLICATION FORM

Document: SIN-HRR-FRM-001

Revision: 1

Page: 6 of 7

Effective Date: 1 August 2013

Written by C. Viljoen

Reviewed by: T. Viljoen

Approved by: R. Viljoen

		Sentenced: -Fined											
		Sentenced: -Jailed											
		Case Dismissed											
		Sentence: -Bail											
Date of offence:	D	D		M	M		Y	Y	Y	Y			
Judgment rehabilitated:	Yes	No											
Have you ever been found guilty of drinking and driving?	Yes	No											
Is your driver's license currently suspended or endorsed?	Yes	No											
May we check your criminal record with the police?	Yes	No											

7. RELATIVES: Names and addresses of relatives not living with you

Name:	
Address:	
Telephone Numbers:	

8. FRIENDS: Names and addresses of friends not living with you

Name:	
Address:	
Telephone Numbers:	

Name:	
Address:	
Telephone Numbers:	

9. Sizes

Overall size:	
Jacket:	
Pants:	
Boot size:	

