



**DRIVER APPLICATION FORM**

To apply: Email the following to [info@rnca.co.za](mailto:info@rnca.co.za)

- Up to date CV • certified copy of ID • certified copy of Passport (if any) • copy of valid PDP
- certified copy of proof of residence • completed Driver Application Form.

**PLEASE NOTE: ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL CHECK AND ALL LICENCES FOR A VALIDITY CHECK. Minimum of 3x years driving experience with code 14.**

FULL NAMES \_\_\_\_\_

SURNAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

PASSPORT NUMBER & EXPIRY DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS  
HOUSE NUMBER, STREET NAME \_\_\_\_\_

SUBURB/LOCATION/AREA \_\_\_\_\_

TOWN/CITY \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NEXT OF KIN NAME, CONTACT NR \_\_\_\_\_

DRIVERS LICENCE CODE \_\_\_\_\_

DATE OF FIRST ISSUE \_\_\_\_\_

PDRP EXP DATE \_\_\_\_\_

LANGUAGE ABILITIES \_\_\_\_\_

DATE OF LAST COMPLETE MEDICAL EXAM \_\_\_\_\_

LIST CHRONIC ILLNESS \_\_\_\_\_

DO YOU HAVE A CRIMINAL RECORD

YES	NO
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## EMPLOYMENT HISTORY

**NOTE: PLEASE START WITH YOUR MOST RECENT EMPLOYMENT DETAILS**

### **CURRENT/LAST EMPLOYER**

COMPANY NAME \_\_\_\_\_

OFFICE CONTACT NUMBER \_\_\_\_\_

REPORTING MANAGER \_\_\_\_\_

CELL CONTACT NUMBER \_\_\_\_\_

PERIOD EMPLOYED START: \_\_\_\_\_ END: \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

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### **PREVIOUS EMPLOYER**

COMPANY NAME \_\_\_\_\_

OFFICE CONTACT NUMBER \_\_\_\_\_

REPORTING MANAGER \_\_\_\_\_

CELL CONTACT NUMBER \_\_\_\_\_

PERIOD EMPLOYED START: \_\_\_\_\_ END: \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

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### **PREVIOUS EMPLOYER**

COMPANY NAME \_\_\_\_\_

OFFICE CONTACT NUMBER \_\_\_\_\_

REPORTING MANAGER \_\_\_\_\_

CELL CONTACT NUMBER \_\_\_\_\_

PERIOD EMPLOYED START: \_\_\_\_\_ END: \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

**GENERAL QUESTIONNAIRE**

WHAT TYPE OF TRUCKS DID YOU OPERATE PREVIOUSLY ? *(PLEASE LIST MAKE AND MODEL)*

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WHAT TYPE OF TRAILER APPLICATIONS DID YOU OPERATE PREVIOUSLY? *(PLEASE INDICATE)*

- |  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> WALK IN FLOOR | <input type="checkbox"/> SIDE TIPPER  | <input type="checkbox"/> SUPERLINK |
| <input type="checkbox"/> TRI-AXLE      | <input type="checkbox"/> TAUTLINER    | <input type="checkbox"/> FLATDECK  |
| <input type="checkbox"/> TANKERS       | <input type="checkbox"/> REFRIGERATOR | <input type="checkbox"/> CRAIN     |

WERE YOU INVOLVED IN ANY ROAD ACCIDENTS IN THE PAST? *(PLEASE GIVE SHORT DESCRIPTION OF THE INCIDENT)*

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WHICH GEOGRAPHICAL AREAS OF SOUTH AFRICA ARE YOU FAMILIAR WITH?

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DO YOU HAVE EXPERIENCE WITH CROSS BORDER DRIVING? IF YES, TO WHICH COUNTRIES?

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