



INSTRUCTIONS TO APPLICANT

Please complete this application form in full and mark the applicable boxes with an “X” where required. Ensure all information is completed neatly, accurately, and legibly. Applicants must attach certified copies of their ID, driving licence, PrDP, qualifications, and any other supporting documentation relevant to the application. Please also ensure that the contact details provided for references, particularly telephone numbers and names, are correct and up to date.

1. PERSONAL INFORMATION

Surname: _____
Full Names: _____
Identity Number: _____
Contact Number: _____
Alternative Contact Number: _____
Email Address: _____

Gender

Male Female

Race

Black Coloured White Indian Other

Language Spoken

Tswana Afrikaans English Other

Language Written

Tswana Afrikaans English Other

Marital Status

Married Single Divorced Widowed

2. RESIDENTIAL ADDRESS

Residential Address: _____
Town/City: _____
Province: _____
Postal Code: _____

3. MEDICAL AND CRIMINAL INFORMATION

Do you have a criminal record? Yes No

If yes, provide details:

Do you have any disabilities? Yes No

If yes, provide details:

Do you have any medical conditions that may affect your duties? Yes No

If yes, provide details:

4. EDUCATIONAL QUALIFICATIONS

Highest Qualification: _____

Institution: _____

Year Obtained: _____

5. DRIVER'S LICENCE DETAILS

Licence Code:

EC EC1 EB C C1 B

Licence Number: _____

Date of Issue: _____

Expiry Date: _____

Restrictions: _____

6. PROFESSIONAL DRIVING PERMIT (PrDP)

PrDP Type

GP DGP

PrDP Number: _____

Expiry Date: _____

7. CURRENT EMPLOYMENT DETAILS

Current Employer: _____

Company Landline Number: _____

Position at current employer: _____

Employment Start Date: _____

Supervisor / Manager Name: _____

Supervisor / Manager Contact Number: _____

Type of Vehicles Driven: _____

Products / Goods Transporting: _____

Reason for wanting to leave the employment at this company: _____

8. PREVIOUS EMPLOYMENT HISTORY

Previous Employer 1

Company Name: _____

Company Landline Number: _____

Position Held at the company: _____

Reference Person Name and Surname: _____

Reference Person Position at the company: _____

Employment Start Date: _____

Employment End Date: _____
Reason for Leaving the Company: _____
Type of Trucks Driven: _____
Type of Products / Goods Transported: _____

Previous Employer 2

Company Name: _____
Company Landline Number: _____
Position Held at the company: _____
Reference Person Name and Surname: _____
Reference Person Position at the company: _____
Employment Start Date: _____
Employment End Date: _____
Reason for Leaving the Company: _____
Type of Trucks Driven: _____
Type of Products / Goods Transported: _____

9. DRIVING EXPERIENCE

I have _____ years and _____ months of experience as a Code 14 Driver as at the date of signing this application form.

10. DECLARATION, CONSENT AND ACKNOWLEDGEMENT

- 10.1 I declare that the information provided in this application is true and correct to the best of my knowledge.
- 10.2 I understand and acknowledge that any false, incorrect, incomplete, or misleading information I provide may result in the disqualification of my application.
- 10.3 I understand and acknowledge that any false, incorrect, incomplete, or misleading information provided by me, or by any reference supplied in support of my application, may result in disciplinary action being instituted in accordance with applicable labour legislation and Company procedures, which may include termination of employment should I already be employed by the Company.
- 10.4 I hereby grant Tacet Transport permission and consent to store and process my personal information for recruitment and operational purposes in accordance with POPIA; to conduct reference and background checks; to verify my qualifications, licences, permits, and criminal record; and to conduct pre-employment screening procedures, including polygraph testing, medical examinations, drug and alcohol testing, and X-rays where applicable.
- 10.5 I acknowledge that any offer of employment may be subject to satisfactory reference checks, criminal verification, successful completion of polygraph testing, and medical fitness assessments.

APPLICANT SIGNATURE

Applicant Signature: _____

Date: _____