

X Mark X where applicable

PERSONAL DETAILS

Surname:				
First names:				
ID number:				
Contact number:				
Gender:	Male	Female		
Race:	Black	Coloured	White	Indian
Language speaking:	Tswana	Afrikaans	English	Other
Language writing:	Tswana	Afrikaans	English	Other
Marital status:	Married	Single		

(PLEASE ATTACH CERTIFIED COPY)

PHYSICAL ADDRESS

Residential				
Postal code				

OTHER INFO

Do you have a criminal record:	Yes	No
If yes, what was the offence:		
Do you have any disability:	Yes	No
If yes, describe disability:		
Do you have any medical condition:	Yes	No
If yes, describe condition:		

EDUCATIONAL RECORD (PLEASE ATTACH CERTIFIED COPY)

Highest qualification:		Year obtained:	
Other:		Year obtained:	

DRIVER LICENCE DETAILS (PLEASE ATTACH CERTIFIED COPY)

Code:	EC	EC1	EB	C	C1	B				
Date of issue:	D	D	-	M	M	-	Y	Y	Y	Y
Licence number:										
Restrictions:										
Expiry date:	D	D	-	M	M	-	Y	Y	Y	Y

PROFESSIONAL DRIVER PERMIT (PLEASE ATTACH CERTIFIED COPY)

Professional driver permit:	G P	or	DGP							
Expiry date:	D	D	-	M	M	-	Y	Y	Y	Y

COMPLETION OF THIS PAGE IS FOR REFERENCE PURPOSES FROM YOUR DIRECT SUPERVISOR/MANAGER

PRESENT EMPLOYER

Company name:	
Position held at this company:	
Date of employment at this company:	
What kind of trucks do you drive?	
What products do you transport?	

PREVIOUS EMPLOYER

Company name:	
Company landline telephone number:	
Position held at this company:	
Contact reference person name:	
Contact person's telephone number:	
Contact person's position in the company:	
Date of employment at this company:	
Date you left this company:	
Reason for leaving the company	
What kind of trucks did you drive? Dump-, tipper-, flatbed-, tanker?	
What products did you transport?	

PREVIOUS EMPLOYER

Company name:	
Company landline telephone number:	
Position held at this company:	
Contact reference person name:	
Contact person's telephone number:	
Contact person's position in the company:	
Date of employment at this company:	
Date you left this company:	
Reason for leaving the company	
What kind of trucks did you drive? Dump-, tipper-, flatbed-, tanker?	
What products did you transport?	

I have _____ years and _____ months of experience as a Code 14 driver as of the date of signature of this document.

The core purpose of the POPI Act of 2013 is to protect the rights of natural and juristic persons to the privacy of their personal information. Tacet Transport would like to inform you, as an applicant, that we have established measures to ensure that your personal information is respected and protected in accordance with the POPI Act. You understand and acknowledge that the purpose of collecting this information for your application is for recruitment and operational reasons. You hereby grant Tacet Transport permission and consent to store your CV and/or application form.

You hereby give your permission and consent to undergo a pre-employment polygraph test as part of the pre-employment workplace requirement of Tacet Transport. You hereby furthermore give your permission and consent that the Employer may do medical and drug tests, as well as X-rays, which form part of the Medical Test. You hereby acknowledge that if your application is successful, it will be subject to your medical fitness, that is, the outcome/results of your medical test. You hereby give consent that you will undergo a pre-employment polygraph test.

You furthermore give Tacet Transport your permission and consent to conduct reference and background checks on all previous employers, to verify information at educational institutions, and to perform criminal checks on your criminal record/background. Please note that your references should be those of your supervisor/manager, and ensure that their contact numbers are still reachable. Ensure you include a landline for the company as well – otherwise, your application cannot be processed.

Signature of Applicant

Date

	HUMAN RESOURCES SARS COMPLIANCE		REFERENCE	TAC/HR/SF0023
			REVISION	1
	SECTION	MANAGEMENT COMMITMENT	DATE	12/11/2025

Annexure to Application Form

APPLICANT'S DECLARATION

Important Notice – Company SARS Compliance Procedure

In line with the company's SARS compliance procedure, all employees must be registered for income tax and have a valid SARS tax reference number.

Failure to provide a SARS number or proof of application before starting employment may delay or prevent appointment.

SARS Tax Number

(If already registered, please provide your tax number below.)

Tax Number: _____

Applicant Declaration

I confirm that the information provided in this application is true and correct.

I understand that, as part of the company's SARS compliance requirements, I must provide my valid SARS tax reference number or proof of application before any offer of employment can be finalised.

Applicant Signature: _____

Applicant Full Name & Surname: _____

Date: _____