

Driver Recruitment Checklist



Driver Details
Surname:
First Name(s):
Date of birth:
Driving Licence Details
Driver licence No:
Vehicle Categories:
Valid from:
Valid to:
Date driving test passed:
Endorsements/ Convictions/ Suspensions
Date of Offence:
Type of Offence:
Fine/ Penalty/ Suspension:
Details of any Traffic Accidents During the Last Five Years
Date:
Brief description of accident:
Driving Courses Attended
Have you taken any form of advanced/defensive driver training: Yes/No
If Yes give details.

(...continued): Driver Recruitment Checklist

Medical
Are you in good health: Yes/No
Is your vision impaired: Yes/No
Eyesight test carried out: Pass/Fail
Is your hearing impaired: Yes/No
Have you ever received treatment for:
High blood pressure: Yes/No
Diabetes: Yes/No
Epilepsy: Yes/No
Cardiovascular diseases: Yes/No
Do you suffer from any other illness/disability which could affect your driving ability: Yes/No
If Yes give details.
Are you willing to take a medical examination by a doctor: Yes/No
How regularly do you drive:
Every day / Once a week / Occasional
I certify that the above details are correct:
Signed:
Date:
For Official Use Only
Driving licence checked by
Driving experience and medical checked by:
Permitted to drive: cars/vans/HGV/AVs
From:
Signed: