

# O'TOOLE REFRIGERATED TRANSPORT

## DRIVER APPLICATION FORM

1 Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

2 Date of Birth: \_\_\_\_\_ 3. NI / PPS Number:

4 (a) What type of Heavy Goods licence do you hold? \_\_\_\_\_  
 (b) On what date did you obtain it? \_\_\_\_\_  
 (c) Who is the issuing authority? \_\_\_\_\_  
 (d) What authority holds your Test Certificate? \_\_\_\_\_  
 (e) What is the number of your licence? \_\_\_\_\_ **enclose a copy**

5 Please state type of Heavy Goods Vehicles you have driven and for what periods:

TON	PERIOD	NAME OF EMPLOYER	TELEPHONE NO
	From: _____ To: _____	_____	_____
	From: _____ To: _____	_____	_____
	From: _____ To: _____	_____	_____

6 (a) Have you any health or physical defect, infirmity or condition which could impair your ability to drive .I.e vision or hearing **YES / NO** If YES, please give details: \_\_\_\_\_

(b) Do you have any endorsements/points on your licence? **YES / NO**. If so, please advise details: \_\_\_\_\_

(c) Have you **EVER** been charged with any motor offences? **YES / NO** If so, please give dates, nature of prosecutions and results of prosecutions: \_\_\_\_\_

(d) Is any prosecution pending? **YES / NO** If so, give details \_\_\_\_\_

**Remember: Your licence will be checked with the relevant Licensing Authority.**

7 Are you now or have you been insured in your own name in respect of any motor vehicle? **YES / NO**  
 If **YES** please state:  
 Name of insurers: \_\_\_\_\_ Policy No \_\_\_\_\_  
 Expiry Date of Policy: \_\_\_\_\_ Present No Claims Bonus: \_\_\_\_\_

8 Have you had any accidents, claims or losses in the past **FIVE** years in any vehicle driven by you? If YES, please give details:

IF NO ACCIDENTS - PLEASE WRITE "NONE" IN THE BOX BELOW

Date	Details of Accident	Cost of own damage	Cost of t/p damage

I warrant that all the above statements and particulars are true and that I have not suppressed, misrepresented or mis-stated any material fact.

Date: \_\_\_\_\_ Signature of proposed Driver: \_\_\_\_\_

I hereby declare that, to the best of my knowledge, the above information is correct and I agree that this document shall be incorporated into and shall form part of the contract between me and the Company.

Date: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_