

PRE-EMPLOYMENT QUESTIONNAIRE

FOR DRIVERS OF COUNCIL VEHICLES

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| **PERSONAL DETAILS** |
| Name: |  |
| Address: |  |
| Telephone No: |  | Date of Birth: |  |

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| **DRIVING QUALIFICATIONS** |
| What class of driving licence(s) do you hold? |  |
| How long have you held the licence(s)? |  | Please give expiry dates |  |
| How many hours of CPC training completed in last 5 years? |  |

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| **DRIVING EXPERIENCE** |
| Please state briefly details of your driving experience, e.g. types of vehicles, number of years etc |  |

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| **DRIVING RECORD** |
| Do you have any current penalty points?If YES, please give details, e.g. number of penalty points and reason |  |
| Have you ever been banned from driving?If YES, please give details, e.g. period of ban and reasons |  |
| Have you had any Road Traffic Accidents in the last 3 years?If YES, please give details |  |
| Were you prosecuted as a result of any of these accidents?If YES, please give details |  |
| Are there any prosecutions pending?If YES, please give details |  |

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| **TRAINING** |
| Please give details of any additional training you have undertaken in respect of driving, e.g. Defensive driving |
| Course Title | Duration | Date |
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| **MEDICAL DETAILS** |
| Do you consider that your eyesight meets the legal standard for driving? (i.e. read a car number plate at 20.5m / 67 feet)? |  |
| Do you wear spectacles / contact lenses for driving? |  |
| When was the last time you had an eye sight test? Please state the date. |  |
| Do you have any defect of hearing?If YES, please give details |  |
| Do you have medical condition which may affect your ability to drive?If YES, please give details: |  |

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| **DECLARATION** |
| I declare that the information given on this form is correct to the best of my knowledge. I understand that any proven intentional falsification could lead to the termination of my contract. |
| Signed: |  |
| Date: |  |

**PLEASE REMEMBER TO BRING THIS FORM AND YOUR DRIVING LICENCE TO THE INTERVIEW**