

# BACKGROUND SCREENING FORM (DRIVERS)

Subject's  
Passport

## SECTION 1 PERSONAL DETAILS

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Name commonly known by: \_\_\_\_\_

Maiden or other used name \_\_\_\_\_ Nick names (If any) \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex: \_\_\_\_\_

Please state national identity or passport number \_\_\_\_\_

Current Home Address: \_\_\_\_\_

\_\_\_\_\_ Nearest B/Stop \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

## SECTION 2 FAMILY DETAILS

Marital status: Married ☐ Single ☐ Divorced ☐ Separated ☐

Name of Spouse (If married): \_\_\_\_\_

Phone Number of Spouse: \_\_\_\_\_

No of Children (If any): \_\_\_\_\_

## SECTION 3 EDUCATION

Highest Level of Education (Please tick)

Primary ☐ Secondary ☐ Tertiary ☐ Post Graduate ☐

Details (School) \_\_\_\_\_

Qualification obtained: \_\_\_\_\_

#### **SECTION 4 EMPLOYMENT HISTORY (LAST 2 PREVIOUS EMPLOYERS)**

**Employer 1** \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Period of Employment \_\_\_\_\_  
Employee ID \_\_\_\_\_  
Name and Tel. No of Direct Supervisor \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you a full time or outsourced Staff \_\_\_\_\_  
If outsourced, details of outsourcing company (Name, address, tel.) \_\_\_\_\_  
\_\_\_\_\_

**Employer 2** \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Period of Employment \_\_\_\_\_  
Employee ID \_\_\_\_\_  
Name and Tel. No of Direct Supervisor \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you a full time or outsourced Staff \_\_\_\_\_  
If outsourced, details of outsourcing company (Name, address, tel.) \_\_\_\_\_  
\_\_\_\_\_

#### **SECTION 5 DRIVING HISTORY**

Do you have a driver's license? \_\_\_\_\_  
Please state the license number \_\_\_\_\_  
Expiry date on the license \_\_\_\_\_  
How long have you been driving? \_\_\_\_\_  
Which state/Areas/regions are you most familiar with? \_\_\_\_\_  
\_\_\_\_\_  
Have you been involved in an accident before? \_\_\_\_\_  
State the circumstances \_\_\_\_\_  
\_\_\_\_\_

#### **CERTIFICATION/AUTHORITY TO RELEASE INFORMATION**

I certify that the foregoing answers are true to the best of my knowledge or belief. I understand that the accuracy of any statement made in this form may be investigated by my would-be employers/employers either by themselves or through their authorised third parties and I consent to any background investigation which is aimed at establishing the authenticity of the information which I have supplied.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_