

[Pre-Employment Checklist]

TO BE COMPLETED BY THE APPLICANT

Applicant's name: _____ Driver Number: _____

Address: _____

Telephone number: _____ Date of birth: _____

I hold the following driving licence(s):

Type (Car/LGV/PCV)	Licence/Permit No.	Issued by	Expiry date

In the past 5 years I have been involved in the following motor vehicle accidents and/or have committed the following traffic violation(s):

Type (Car/LGV/PCV)	Licence/Permit No.	Issued by	Expiry date

I do/do not have a DVLA notifiable medical condition. *(circle as appropriate)*

Permission is granted to _____ to refer to the appropriate Licensing Authority and/or to my previous employer(s).

Date: _____ Applicant's signature: _____

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TO BE COMPLETED BY THE INTERVIEWER

I have examined the applicant's medical history and driving licence(s) as listed above and confirm that:

- The applicant does not have a DVLA notifiable medical condition.
- All licences are in the name of the applicant.
- All licences are valid for the country in which the applicant is resident.
- All licences are valid for the vehicle group(s) stated.
- A copy has been made and is attached.

Each licence has the following restrictions:

Total number of penalty points currently in force:
