

DRIVER APPLICATION FORM



First Name _____ Nickname _____
 Last Name _____ Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____
 Address _____
 City _____ Suburb _____ Post Code _____
 Email Address _____
 Birthdate _____ Entitled to reside in NZ indefinitely? YES NO
 Home Phone _____ Other Phone _____
 Mobile Phone _____

IRD Number _____ IRD Tax Code _____
 Bank Account No.
 Bank Account Name _____
 Next of Kin - Name _____ Relationship _____
 Address _____ City _____
 Home Phone _____ Mobile Phone _____
 Other Phone _____
 Emergency Contact (Doctor) _____ Practice Name _____
 City _____ Phone _____

License No. _____ Version (5b) _____ Expiry Date _____
 Classes of License _____
 C4 Experience? Please describe _____
 C5 Experience? (circle all that apply) Tipping Swinglift C5 Metro BTrain Jackknife Truck & Trailer C5 Linehaul
 Dangerous Goods? YES NO Forklift? YES NO
 Additional Information _____
 Date Available to Start _____
 Preferences (circle all that apply) Day Night Full-time Part-time
 Type of Work Preferred _____
 Work Not Preferred _____
 Previous Employer _____
 Reason for leaving last Employer _____
 Have you had any major accidents? Please describe _____
 Dismissals/Forced Resignations? _____
 Do you consent to a police check/drug test? _____
 Criminal convictions/charges against you? _____
 Any medical conditions/injuries that could prevent you from doing this job? _____

I consent to the following: A Driver License Check through Drivercheck (LTSA) plus authorize ProDrive to check my ACC history, AND \$20 to be deducted from my last pay if I do not return the ProDrive vest and/or shirt

Signature _____ Date _____
 Printed Name _____

OFFICE USE ONLY • OFFICE USE ONLY • OFFICE USE ONLY • OFFICE USE ONLY • OFFICE USE ONLY • OFFICE USE ONLY

Pay Rates C4 \$ _____ C5 \$ _____ ☐ Holidays Included

☐ Application Form Completed

☐ Driver Check

☐ IRD Form Completed

☐ Police Check Completed

☐ Starter Pack Given and Explained

☐ Safety Vest / Shirt given

Date _____