

Sunchip Transport- Driver Declaration

Section One – Driver to Complete

Please answer all questions below to the best of your knowledge.
If there is insufficient room in any section please use the reverse side of this page and note the question being answered.

(1) Personal Details

Name _____

Address _____

Postcode _____

Date of Birth ____/____/____

(2) Medical History

When was your last medical check up? _____

Did the medical check detail any concerns for:

Sleeping Disorders? Yes No Not Tested

Drug Use? Yes No Not Tested

Back Problems? Yes No Not Tested

Any other medical condition which may affect your ability to drive Yes No

If yes please provide details _____

I have a copy of my licence history which:

- Is from the relevant state government body
- Is no more than 30 days Old
- Provides details of at least the past five years

(3) Licence Details & Convictions

Licence No. _____

Expiry Date ____/____/____ State Issued _____

Class of Licence _____

Years Held this Class _____

If held for less than two years please note:

Previous Class _____ Years Held _____

Have you held a licence from another state or under another name in the past 5 years? Yes No

If yes please supply details _____

Are you currently employed as a Professional Truck Driver? Yes No

If no please advise the date you were last employed as a Professional Truck Driver _____

Have you had any Criminal Convictions in the past 5 years? Yes No

Has your licence been cancelled, suspended or endorsed in the past 5 years? Yes No

Have you been convicted of fined in the past 5 years for:

Alcohol Yes No

Dangerous Driving Yes No

Drug Offences Yes No

Culpable Driving Yes No

Negligent Driving Yes No

If Yes please provide details _____

(4) Please list any Motor Vehicle Accidents or claims where you were the Driver within the past 5 years

Date	Description	Approx \$ Value
		\$
		\$
		\$

(5) Please supply details of your past four employers (within the last 5 yrs) where driving was your position.

Company Details			Employment Period		Tasks and Freight	
Name	Contact	Phone No.	Start	Finish	Vehicle Class	Freight Carried

Signed: _____ Date: _____