



| FOR OFFICE USE ONLY | |
|---------------------|--|
| Name: | |
| Area: | |
| Matched with: | |

Drivers Application form

*Please complete in black ink, write clearly and fax back to **086 568 4126** or email info@kidoscabbie.co.za Please call **074 621 6227** should you have any queries completing this form*

Personal Details

| | |
|------------------------------|-----------------------------|
| Name: _____ | Surname: _____ |
| ID Number: _____ | Gender: _____ |
| Age: _____ | Religion: _____ |
| Language _____ | Marital Status: _____ |
| Home Address: _____ _____ | Medical Aid & No: _____ |
| | Drivers License: YES /NO |
| City: _____ | Driving Experience _____ |
| Postal Address: _____ | Car make & model: _____ |
| Cell Number: _____ | Car registration: _____ |
| Home Tel: _____ | Email: _____ |
| Is the Car insured: YES /NO | Do you have a PrDP? YES /NO |

IF NO WE RECOMMEND THAT YOU GET A PRDP AS SOON AS YOU GET THIS JOB

If studying, what are you studying? _____

How long do you see yourself as a Kidos Cabbie driver? _____

List any childcare experience: _____

Do you smoke? YES /NO If yes, would you be able to not smoke when you are on duty? Do you accept this pre-requisite? YES / NO

Do you have a criminal record? YES /NO

Have you ever been in a car accident? YES /NO

If yes please explain: _____

Kindly complete the table below indicating which days of the week you are available to work, and also indicate which **times** you will be are **available** (keep in mind that most families require a consistent time slot e.g. every morning and 1pm daily or different times but every afternoon).

| Days | Morning | Afternoon |
|------------------|----------------|------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

1. DRIVER REFERENCE #1

Institution / Family: _____

Period of employment: _____

Job description: (please provide the respective ages of the children that you transported and clearly outline what your duties were)

Contact person: _____

Contact Number: _____

Salary: _____

Reason(s) for leaving: _____

2. DRIVER REFERENCE #2

Institution / Family: _____

Period of employment: _____

Job description: (please provide the respective ages of the children that you transported and clearly outline what your duties were)

Contact person: _____

Contact Number: _____

Salary: _____

Reason(s) for leaving: _____

NEXT OF KIN IN CASE OF EMERGENCY

Name & Surname: _____

Relationship: _____

Cell Number: _____

Home Number: _____

Home Address: _____

How did you hear about Kidos Cabbie? _____

DECLARATION

I, _____ hereby declare that the above information is accurate, truthful and complete.

I hereby absolve Kidos Cabbie CC, its employees and/or agents from all responsibility and indemnify them from any claim instituted by any person for damages or loss of whatever nature (including consequential damages or special damages of any nature) flowing directly or indirectly from i) my appointment as a driver or ii) my performance of duties and responsibilities as a driver.

I undertake to inform Kidos Cabbie CC of any employment, either temporary or permanent, offered to me by any persons (or their agents) to whom I have been introduced, directly or indirectly, by Kidos Cabbie CC.

It is expressly record that Kidos Cabbie CC is acting as recruitment agent on behalf of third parties and nothing in this agreement shall be construed as creating an employment relationship and/or partnership agreement between Kiddos Cabbie CC and myself.

(Insert name and surname of driver)

DATE