

DRIVERS TRAINING ACADEMY

Training ♦ Testing ♦ Evaluation ♦ Certification

ACCREDITED BY THE FRSC

Professional Defensive Driving Course

Toronto Junction, Opposite Lisco Filling Station,

MCC/Uratta Road, Owerri, Imo State.

TRAINEE APPLICATION FORM

PERSONAL INFORMATION

NAME: _____

Surname

Other names

DATE OF BIRTH: _____ AGE: _____

HOME TOWN: _____

STATE OF ORIGIN: _____ NATIONALITY: _____

PERMANENT HOME ADDRESS: _____

RESIDENTIAL ADDRESS: _____

MARITAL STATUS: _____ NO. OF CHILDREN: _____

NEXT OF KIN: _____

Name

Relationship

RESIDENTIAL ADDRESS: _____

PERMANENT HOME ADDRESS: _____

DO YOU HAVE PROFESSIONAL DRIVING LICENCE? YES/NO: _____

CLASS OF LICENCE: _____ DATE OF ISSUE: _____

EXPIRATION: _____

WHAT TYPE OF VEHICLE(S) HAVE YOU DRIVEN AND FOR HOW LONG: _____

WHO WILL SPONSOR YOUR TRAINING: _____

ADDRESS: _____

Operated by: ABC Transport



MEDICAL HISTORY

HAVE YOU SUFFERED FROM ANY MAJOR ILLNESS: _____

IF SO, WHEN? _____

TYPE OF ILLNESS: _____

DURATION OF ILLNESS: _____

HAVE YOU ANY PHYSICAL DISABILITY? YES/NO: _____

IF YES, PLEASE GIVE DETAILS: _____

IF REQUIRED TO UNDERGO MEDICAL CHECK-UP, WOULD YOU AGREE? YES/NO:

EDUCATIONAL QUALIFICATION

INSTITUTION ATTENDED	FROM	TO	QUALIFICATION OBTAINED

LANGUAGE SPOKEN: _____

EMPLOYMENT HISTORY

EMPLOYER'S ADDRESS	FROM	TO	POSITION	REASONS FOR LEAVING

ADDITIONAL INFORMATION: _____

PLEASE GIVE ANY ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION

TWO REFEREEES

NAME: _____ 2. _____

ADDRESS: _____ 2. _____

OCCUPATION: _____ 2. _____

STATUS (1): _____ 2. _____

SIGNATURE: _____ 2. _____

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN ABOVE IS ACCURATE. IF AT ANY TIME THE INFORMATION IS FOUND TO BE FALSE, THE COMPANY/ACADEMY DESERVES THE RIGHT TO TERMINATE ME FROM TRAINING.

DATE: _____ SIGNATURE: _____

Completed form should be returned to the Training Manager in sealed envelope through any of our terminals nearest to you.

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