

Application form

As a driver in international Road Feeder Service

Surname: _____ Name: _____

Address: _____

Postcode, City: _____

Country: _____

Phone: _____ Mobile: _____

eMail: _____

Nationality: EU-states Non EU-states

Crew: Single

Double (with name): _____

Job title

Are you a professional driver? Yes No

Other expertise: _____

Complete details of previous job activities (min. last 10 years)

From (Month/Year)	To (Month/Year)	Job	Company

Application form



Surname: _____ Name: _____

Driving license

Do you have a valid driving license?

Yes Valid until: _____

No

Which driving license classes do you have? _____

Since when do you have class C/CE (Year): _____

Professional driver qualification (key 95 on driving license)?

Yes

No

Valid until: _____

Qualifications

Do you have a valid ADR certificate? Yes No

Valid until: _____

Experience with the following vehicles

Articulated train

Semitrailer

Tandem trucks

Longliner

Flatbed

Experience with the following loads

TAPA

GDP

Frigo

Engine

How long have you been in long-distance transport? _____

international

national

Which countries? _____

Language skills

Language	Spoken			Written		
	fluently	good	basic	fluently	good	basic
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other languages are spoken, please enter

Application form



Surname: _____ Name: _____

Aviation Security

In accordance with § 7 of the German Aviation Security Act:
Have you been convicted of a crime or are you under investigation?

Yes No

If Yes, why? _____

Is there a valid ZUP*? Yes No Valid until: _____

Are there any distraints? Yes No

Is there a bankruptcy? Yes No

*Reliability Review (ZUP) - In § 7 Paragraph 1 No. 2 LuftSiG, it describes the mandatory review of all employees of a company who have a direct influence on the safety of air traffic due to their activities. Contrary to earlier legal regulations, the length of service with the company is irrelevant. The inspection is carried out by the respective competent authority of a federal state. The aviation security authority can obtain information on this from the state criminal investigation departments and a number of other agencies.

Current employment relationship

Is your last employment terminated?

Yes, ended to _____ No
 through me
 by employer
 by mutual agreement

Other

Next possible start date: _____

Your desired gross salary (please specify): _____

Other notes: _____

* Are you known or related to an employee of our company?	<input type="checkbox"/> Yes	<input type="checkbox"/> Known with: _____
	<input type="checkbox"/> No	<input type="checkbox"/> Related to: _____

*voluntary information