



GIEOZ CORPORATE DRIVERS LIMITED
Driver Request Form

CORPORATE **INDIVIDUAL** **Date of Request**

Name/Company: _____
Address: _____

Name _____ **Signature** _____
Telephone: _____

NATURE OF EMPLOYMENT

STAFF **TEMPS** **NUMBER OF PERSONNEL REQUIRED**
EDUCATIONAL QUALIFICATION **READ AND WRITE** **SSCE**
DRIVER RESUMPTION LOCATION _____

Preferred time of resumption/closing **am** **pm**

Working days **Monday - Friday** **State work on weekends**

HOW SOON DO YOU REQUIRE A DRIVER (S) **now** **2 wks** **1 month**

PAYMENT RANGE(N,000) **60 - 70** **70 - 80** **90 & above**

DURATION (for temps) **1 month** **3 months** **6 mths & abv**

Non-Smoking **not important**

Choice of driver **Nationality** **Male** **Age** **Min Years of experience**
Preferred State of Origin/Tribe (if any) **Residential Location**

OTHER INFORMATION

ADMIN DEPT PROCESSING ONLY **Status of Request** **Does the request match?**
Record ;DRF: Date _____ **Time** _____ **Can we deliver? when ?** _____

Signature/Date **Order Number** **D -** _____

Note: Our fee is the equivalent of one (1) month salary of the driver

and should be paid to us after a week of the driver resumption