

**CROWN LIFTS APPLICATION FORM**

**POSITION APPLIED FOR** .....

**NAME** .....

**ADDRESS** .....

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**TELEPHONE NUMBER** .....

**D.O.B** .....

**MARITAL STATUS** .....

**DEPENDENTS** .....

**ARE YOU A SMOKER?** Yes  No

**ANY KNOWN MEDICAL  
CONDITIONS?** .....

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**TYPE OF  
DRIVING LICENCE** .....

**ANY ENDORSEMENTS?** .....

**QUALIFICATIONS** .....

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