



APPLICATION FOR EMPLOYMENT

It is our policy to consider all qualified applicants for a position without regard to race, colour, religion, sex, national origin, age, marital status, or non-job related disability. In the event of employment, I understand that false or misleading information given in this form, interviews, medical or other employment processes may result in dismissal. All applications must be handed in with a current 5 year drivers history (not more than 3 months old) and a current medical to be considered for employment.

I have read and understood the above statement:
Signed Date

GENERAL

Full Name: Date of Application:

Current Address: State:..... P/code:

Previous Address (if not at current address more than 12 months):

Current Phone Contact/s:..... Date of Birth:

Other Forms Of Contact (Fax / E-mail):

Next of Kin (person to notify in emergencies):

Next of Kin Address:

Next of Kin Phone Contact/s: Relationship:

EMPLOYMENT HISTORY

List past 5 employers in order of last employer:

	Employer Name	Location	Phone No (if known)	Position held (eg. driver)	Period of Employment	Reason for leaving
1						
2						
3						
4						
5						

ACCIDENTS

List any vehicle accidents in the last 5 years: (if none, write "None")

Date (approx.)	Nature of Accident (eg. single vehicle, head on, rear-ender)	Approx. \$ Damage (your vehicle)	At Fault? Y / N	Serious Injuries / Fatality Y / N

EXPERIENCE & QUALIFICATIONS

List current licenses or authorisations:
(eg. drivers licence, DG authorisations, forklift/ plant tickets, TFMS certification)

Type / Classes	Licence/Auth/Client No	State of Issue	Expiry Date	Years Held

Have you had your driver's licence cancelled or suspended? Yes No If Yes provide details:

Have you ever been convicted of a criminal offence? Yes No If Yes provide details:

Provide details of demerit points lost (or pending to be lost) for previous 3 years:

Offence	Points Lost	When (approx)	Comments

IMPORTANT - Provide this company a photocopy of your current driver's licence AND a current licence history print-out from the relevant authority.

DRIVING EXPERIENCE

List your driving/work experience starting with most recent and working back:

Vehicle Type (eg. Rigid, Semi, B-Double, Road Train)	Type of Work (eg. tipper, fridge, general)	No of Years Experience (eg. 2 years)	When Experience Gained (eg. 1997-1999)	Whilst Employed by: (eg. XYZ TPT)

Other Experience (if applicable):

EDUCATION

List highest standard achieved at school (include where and when):

List any other courses or post school education or training that may help you in your work with this company:

What	When	What	When

WORK COVER

Are you currently receiving any form of worker's compensation? Yes No If Yes provide details:

Do you have any claims pending or intend to lodge claims against former employers? Yes No If Yes provide details:

Do you have any physical, mental or learning disability or condition which the Company may need to accommodate if employed as a driver? (Refer Position Description for employment specifications, ask if not provided) Yes No If Yes provide details:

Are you prepared to sign a letter of authorisation for this Company to obtain details of you compensation history from the relevant Work Cover authority? Yes No

HEALTH

The Company reserves the right to require you to undergo both a pre-employment and if successful on-going medical examinations by a company appointed doctor. The purpose of the medical is to protect public safety and as such the NRTC "Medical Examinations of Commercial Vehicle Drivers" standard is used.

Do you agree to undergo medical examinations by the Company appointed doctor? Yes No

To aid in this process you are required to complete the "Medical Self Report", attached to this employment form, which will be on-forwarded to the Company doctor to aid in the medical examination process.

ADDITIONAL COMMENTS (if any):

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorise you to make such investigations and inquiries on my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers, government authorities and other persons from all liability in responding to inquiries and releasing information in conjunction to my application.

In the event of employment, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of employment. I also understand that I am required to abide by all policy, procedures and rules of the company.

I understand that if I am successful in gaining a position with the Company that I will be on a probationary period of 90 days from commencement of employment during which time my performance will be monitored.

.....
Name of Applicant

.....
Name of Witness

.....
Signature of Applicant

.....
Signature of Witness

.....
Date

.....
Date

↓ TO BE COMPLETED BY THE COMPANY ↓

Application meets Company criteria? Yes No

EMPLOYMENT DETAILS

Position:

Approved By:

Start Date: Offer Letter Sent (date):

Induction Date: Inducted By:

Probation Review By: Date:

Result:

TERMINATION DETAILS

Date Terminated:..... Dismissed Quit Other:

Why:

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