



APPLICATION FOR EMPLOYMENT WITH BLENNERS TRANSPORT

It is our policy to consider all 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.

I the applicant have read and understood the above statement: Signed _____ Date _____

GENERAL

First Name: Last Name:

Date of Application:

Current Address:

Suburb:

State:P/code:

Home Phone Number: Mobile Phone Number:

E-mail:

Next of Kin (person to notify in emergencies):

Next of Kin Address:

Next of Kin Phone Number: Relationship:

Are you an Australian Citizen or Permanent Resident? [] Yes [] No

If you have answered No do you hold an Australian work Visa? [] Yes [] No

If you have answered Yes please provide:

Visa Type:Visa valid from:Date of Expiry: (You are also required to provide a copy or proof of this Work Visa with your application)

Which Position are you applying for?:

What type of Employment are you applying for? Full Time [] Part Time [] Casual []

If you are applying for Part time or Casual Employment which days of the week are you available?

Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday []

Have you ever had your Driver's Licence cancelled or suspended? Yes No If Yes provide details:

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Do you have any unspent criminal convictions? Yes No If Yes provide details:

Do you have any current or previous worker's compensation claims? Yes No If Yes provide details:

Do you have any physical, mental or learning disability or condition which the Company may need to accommodate or make reasonable adjustment to, for the position you are applying for?
 (Refer to the Position Description for inherent job role specifications, please request if not provided)
 Yes No If Yes provide details:

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.

If required do you agree to undergo medical examinations by the Company appointed doctor? Yes No

EDUCATION AND TRAINING

Please list any Qualifications (i.e. University degree, Tafe diploma or Certificate), other courses, post school education or training obtained, relevant to the position you are applying for:

Institution Name	Qualification / Training Obtained	Date Completed

ADDITIONAL EXPERIENCE / ACCREDITATIONS / QUALIFICATIONS

Please List any other Training, Certificates or Accreditations obtained relevant to the position you are applying for:

Training / Course Type	Institution Name	Certificate / Client No	State of Issue	Date Obtained	Date of Expiry (If relevant)

Please provide any other relevant information you believe may assist with your application:

EMPLOYMENT HISTORY

Please list a minimum of two previous employers, including your immediate previous or current employer

Company Name:

Location:

Position:

Dates of Employment From: To:

Contact Name of Referee:Contact Number for Referee:.....

Brief Description of Responsibilities:

.....

.....

Reason for leaving:

Company Name:

Location:

Position:

Dates of Employment From: To:

Contact Name of Referee:Contact Number for Referee:.....

Brief Description of Responsibilities:

.....

.....

Reason for leaving:

Company Name:

Location:

Position:

Dates of Employment From: To:

Contact Name of Referee:Contact Number for Referee:.....

Brief Description of Responsibilities:

.....

.....

Reason for leaving:

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.

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Name of Applicant

.....
Name of Witness

.....
Signature of Applicant

.....
Signature of Witness

.....
Date

.....
Date

PLEASE RETURN YOUR COMPLETED APPLICATION FORM

BY EMAIL: admin@blenners.com.au

OR

BY POST: BLENNERS TRANSPORT
LOCKED BAG 3
TULLY
QLD. 4854

Thank you for your interest in working with Blenners Transport