



APPLICATION FOR EMPLOYMENT - GENERAL

Your Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ You are not legally required to provide this information

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you an Australian Citizen or Permanent Resident? YES NO

If you have answered No, do you hold an Australian Work Visa? YES NO

Depot Interested In: \_\_\_\_\_ Position Interested In: \_\_\_\_\_

Type of Employment: FULL TIME PART TIME CASUAL ON CALL

Please indicate the days & hours you are available:

Table with 8 columns (Start/Finish, Monday-Sunday) and 2 rows (Start, Finish)

When would you be able to commence employment if successful?

\_\_\_\_\_

Do you have a 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?

YES NO

If yes provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Do you have any criminal convictions or charges?

 YES NO

If yes provide details:

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Do you have any current or previous work's compensation claims?

 YES NO

If yes provide details:

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If required do you agree to undergo pre-employment Drug & Alcohol Testin

 YES NO

Have you ever had your Driver's Licence cancelled or suspended?

 YES NO

If yes provide details:

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**Education & 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 relevant Training, Certificates or Accreditations obtained:

Training / Course	Institution Name	Certificate Type	State	Date	Expiry



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Employment History

Please list a minimum of three (3) previous employers, including your current current employer.

Company Name:	_____	
Position Held:	_____	
Length of Service:	Start Date: _____	Finish Date: _____
Reference Contact Name:	_____	
Reference Contact Number:	_____	
Their Position:	_____	
Brief Description of Responsibilities:	_____ _____ _____	
Reason for Leaving:	_____	

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Position Held:	_____	
Length of Service:	Start Date: _____	Finish Date: _____
Reference Contact Name:	_____	
Reference Contact Number:	_____	
Their Position:	_____	
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Reason for Leaving:	_____	

**Applicant Acknowledgement & Release:**

I certify that I have completed this application and all entries and information are true and complete to the best of my knowledge.

I authorise a representative of Blenners Transport to undertake investigations and inquire on my person, employment, medical history and other related matters as it may be necessary in arriving at an

In the event of employment with Blenners Transport, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*All applications are to be forwarded only to: [admin@blenners.com.au](mailto:admin@blenners.com.au)*

Thank you for your interest in joining the Blenners Transport team