



APPLICATION FORM - Drivers

Now that you have read and understand the Inherent Requirements for Employment, Employment Duties and Job Description, and agree you have the capabilities of performing the position applied for, please take the time to read the General Instructions and Consent Requirements.

You must sign this section to be eligible for consideration for Employment.

GENERAL INSTRUCTIONS and CONSENT REQUIREMENTS:

1. I understand that this form must be completed in my own handwriting.
2. I give my consent that the information contained in this application, may be used for the prime purpose of ascertaining my suitability for initial and continuing employment.
3. I acknowledge the company has assured myself that they will use this information only for the primary use and that the information will be maintained and kept up to date in a secure location.
4. If I so request, a copy of this application form will be made available to myself.
5. Although I have not, at this time, read the remainder of the application form, I have had explained to me that there are various areas within the application form where my consent is requested in relation to other personal information, some of which is optional.
6. I understand that failure to supply information where consent is requested may prevent continuation of the employment process.
7. I understand that acceptance of this application does not imply eventual employment.
8. I understand that unless a full and truthful answer is given to each question on this form, the application will be deemed informal and if employment has already commenced, such employment may be terminated.
9. The company has given me an undertaking, if I so desire, to destroy this application if I am unsuccessful
10. Signed by applicant as having read, understood or having had explained to them and given full consent:

Please sign and date here if you understand and consent to the above.....

(Date).....

All RED sections MUST be completed or Signed, All ORANGE sections are OPTIONAL.

COMPLETE YELLOW SECTIONS WHERE POSSIBLE

Surname (Block Letters)	Given names

Address	Suburb

Post Code	Phone number	Mobile or other telephone numbers

Email contact	@

For emergency purposes only please supply the telephone and/or contact details of the person you would like the company to contact in an emergency.

1st Contact	Name:	Telephone No.	Relationship: Optional
2nd Contact	Name:	Telephone No.	Relationship: Optional

<i>Answer is Optional</i>	<i>Answer is Optional</i>	<i>Answer is Optional</i>
Marital Status	No. Of Dependants	Date of Birth

<u>Please note: Being a member of a union or not wishing to join a union will not enhance or disqualify your application.</u>	All answers in this section are Optional
Are you a member of a Union	Yes [] No []
If so which union	

<u>Please note: These questions are asked to determine your right to work in Australia and the advantage multiple languages may give.</u>	All answers in this section are Optional
What is you Country of Birth?	
Languages other than English spoken or written	
Are you a Citizen of Australia?	
If not what is your current work visa status?	

Are you available for shift work?	Yes [] No []
Are you available for Weekend work?	Yes [] No []

Education Standard reached?	
-----------------------------	--

Other Qualifications or enhanced ability. e.g. Forklift, First Aid, OHS, Typing, VDU, Computer	
---	--

PARTICULARS OF EMPLOYMENT DURING LAST 5 YEARS

Provide details of previous employment starting with your most current employer first.

IF YOU HAVE BEEN UNEMPLOYED FOR ANY PERIOD OF TIME please record that time as though the unemployment was an employer. Simply write UNEMPLOYED under 'Name of Company' and complete the 'From' and 'To' sections only.

Current Employer	Name of Company	Company Contact	Phone Number	Suburb
Period of Employment	From	To	Position held	Reason for Leaving
Before Current Employer	Name of Company	Company Contact	Phone Number	Suburb
Period of Employment	From	To	Position held	Reason for Leaving
Third last Employer	Name of Company	Company Contact	Phone Number	Suburb
Period of Employment	From	To	Position held	Reason for Leaving
Fourth last employer	Name of Company	Company Contact	Phone Number	Suburb
Period of Employment	From	To	Position held	Reason for Leaving

Please note: Work references and/ or Certificates may be required at a later date.

I understand and consent to allow reference checks to be made and that contact will be made with my previous employers.

I consent to allow reference checks to be made with my previous employers.

All reference checks will be conducted in accordance with the Privacy act 2001 (signed by applicant)

EXPERIENCE AND QUALIFICATIONS AS A DRIVER

Drivers Licence Number		Driver Certificate Number	
Licence Expiry Date/...../.....	Certificate Expiry Date/...../.....
Current Endorsements	(Please circle) (HC) (HB/HT), (LB/LT), (LT/SB) (LR), (MR), (HR), (MC)		

Please provide a brief outline of any driving experience (apart from your private car):

Type of Vehicle	Nature of Work	Approx No of Klms (Total)	Duration of Employment

Have you undertaken special training courses or received any awards for driving skills? If so, please provide details (where, when, by whom)

Course/Training/Award	Where	When	By Whom

If you have a DRIVER CERTIFICATE have you been involved in any activities/illnesses, which may give you cause to believe that your Driver Certificate may be revoked? (If you do not have a Driver Certificate – move on to the next question). **YES [] NO []**

If YES, please describe the circumstances.

<hr/> <hr/> <hr/>

NOTE: A police record may not necessarily disqualify you from acceptance, but may influence your eligibility to hold a Driver Certificate. Or in the case of excessive demerit points, have the ability to provide a long-term commitment of your services.

The above is the primary reason for disclosure in this area. All information provided will only be used to ascertain your ability to provide safe and continuous employment.

Have you ever been found guilty or convicted of a criminal offence, police, traffic or other offence by a court of law or by infringement notice?

YES [.....] NO [.....]

RECORD OF OFFENCES AND CONVICTIONS:

Provide details of previous offences and indicate if any charges are pending or currently awaiting trial. If there are no prior offences or charges pending then write NIL in the space provided.

Offences (other than parking tickets) include: Infringement Notices, Speed & Red Light Camera Offences

Provide Full Details Of All Infringements In The Space Below

Date	Charge(s)	Penalty

I further consent to the company verifying the above by requesting a National Police check.

Consent given **[YES.....]** **[NO.....]**

(Signature of applicant)

(Date)

MEDICAL HISTORY

Please note: The following questions are primarily asked to ascertain your suitability to the position you have applied for. The information given will only be used for this purpose and details will only be available to the following:- Management, The Applicant (you), and if consent is given the treating Medical Practitioners.

This information is not intended for any other purpose therefore,

ALL QUESTIONS MUST BE ANSWERED

PLEASE NOTE: Applicants will be required to undertake a medical examination by the Company Doctor and your consent is required for Medical Practitioners to release personal information regarding your health in relation to your ability to perform the work assigned.

Height	Weight	General Health

Do you have any known medical restriction on lifting objects? YES [.....] NO [.....]

If yes provide details: _____

Do you have any known medical restriction on sitting for prolonged periods? YES [.....] NO [.....]

If yes provide details: _____

Do you have any disability, which may prevent you from adequately performing any work, which the company may require you to perform? YES [.....] NO [.....]

If yes provide details: _____

DO YOU SUFFER FROM OR HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING COMPLAINTS?

Defective hearing	YES [.....] NO [.....]	Tuberculosis (t/b)	YES [.....] NO [.....]
Defective vision	YES [.....] NO [.....]	Mental or nervous disorder	YES [.....] NO [.....]
Giddiness, blackouts, fits of any kind	YES [.....] NO [.....]	Shortness of breath or chest pains on exertion	YES [.....] NO [.....]
Back/neck ailments	YES [.....] NO [.....]	Diabetes	YES [.....] NO [.....]

Have you required consultation or medication for drug addiction or alcoholism? YES [.....] NO [.....]

If yes provide details: _____

Have you ever received workers' compensation or workcover? YES [.....] NO [.....]

If yes provide details: _____

Have you suffered any other illness or injury? YES [.....] NO [.....]

If yes provide details: _____

Have you undergone any surgical operation in the last 5 years? YES [.....] NO [.....]

If yes provide details: _____

Have you consulted a doctor during the last 5 years regarding any recurrent complaints or disabilities? YES [.....] NO [.....]

If yes provide details: _____

Estimated period of absences from work in last 2 years Days/months DAYS[.....] MONTHS[.....]

Provide details of absences _____

I further consent to release the medical information contained above to the Company Doctor to be used for the primary reason of establishing my suitability to perform the work I am applying for.
(Date) (signature of applicant)

Applicants for driving positions to complete all declarations below

Other applicants are to complete the consent and declaration for pre existing injury and the Declaration and Consent at bottom of page.

It is an inherent requirement of your employment (if you are applying for a bus or coach driving position) that you hold an appropriate and current Driver Licence and a current Driver Certificate.

Only if you are applying for a driving position

Sign the declaration below once you have read and understood the following:

1. You **MUST** provide a Current Driver licence and/or Driver Certificate to be sighted upon commencement of employment **AND** thereafter on an annual (yearly) basis or as reasonably requested by Management.
A copy will be kept by the Company to facilitate the requirements of the Transport Act (Passenger Vehicle Accreditation) in a safe environment.
2. You **MUST** notify your employer of any illness, medical condition, traffic or criminal offence which may give cause to have your Driver Licence and/or Driver Certificate cancelled or suspended, as soon as the condition or offence is known.
3. In the event that you fail to renew your Drive Licence and/or Driver Certificate or they are cancelled for any reason, your employment will be immediately terminated.
4. Failure to comply with a reasonable request by your employer to sight a current Driver Licence and/or Driver Certificate **OR** to comply with the requests made above will indicate that you are unable to fulfil the requirements of the occupation and will result in termination of your employment as a driver.

SIGNATURE OF APPLICANT IF APPLYING FOR A DRIVING POSITION: _____

Pre-Existing Injury Declaration:

Please be advised that you have a requirement to disclose all known pre-existing injuries, illnesses and diseases under the Workcover Act. Failure to disclose this information may result in your entitlement to workers' compensation for the acceleration, aggravation, exacerbation or deterioration of that condition to be removed by the WorkCover Authority.

The information disclosed here will be used for the primary purpose of managing any pre-existing injury, illness and/or disease in an attempt to prevent aggravation, exacerbation or deterioration of that condition.

Do you have any pre-existing injury, illness or disease, which may prevent you from carrying out the employment as described to you?

YES [.....] NO [.....]

If you answered YES please provide details:

I consent to the Company using the above information relating to Workcover for the primary purpose as detailed above **only; and declare the above to be true and accurate.**

.....
(Signature of applicant)

.....
(Date)

DECLARATION and CONSENT to use of Personal Information.

I consent to the information provided in this Application Form being used to assess my suitability for employment and if successful for continuing employment.

I have read and understood or have had explained to me the requirements listed above.

I agree to train for and perform such other duties as I may be required to do.

I declare that the information set out on this form is true and correct, I have not been coerced or harassed into supplying personal information, have answered optional questions on my own undertaking and I understand that my employment may be terminated without notice for my failure to disclose full and truthful answers.

I agree to have a Medical Examination or related tests by a Company Doctor if required prior to my employment commencing and on a regular basis when and if required by the Company.

I agree that if unsuccessful in this application that unless in writing I specify otherwise the Company will destroy this application within 28 days.

SIGNATURE OF APPLICANT: _____ **DATE** _____

INTERVIEWING OFFICER: _____ **DATE** _____

