

APPLICATION FOR EMPLOYMENT

General Instructions:

1. This form must be completed in the applicant's handwriting.
2. Acceptance of this application does not imply eventual employment.
3. Applicants should submit their resume with this application if available.
4. Employment cannot commence until all relevant documents have been received.

SURNAME: (BLOCK LETTERS)	GIVEN NAMES:
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Address	Phone No	
Date of Birth	Country of Birth	
Are you a citizen of Australia?	Yes	No
Education Standard Reached / Other Qualifications - Tick		
Year 10	Tertiary	
Year 11	Trade	
Year 12	Other	

PREVIOUS EMPLOYMENT HISTORY

Past 5 years only or last 4 employers

Employers Name	Ph No.	Period		Position	Reason for Leaving
		From	To		

In previous employment, were you required to deal with customers on a regular basis?
 Yes No (please circle)

What experience have you had dealing with difficult clients? (provide details)

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Do you have previous experience of money handling? Yes No (please circle)

DRIVING EXPERIENCE

CLASS OF LICENCE:	STATE:	LICENCE NO:	EXPIRY DATE:
Licence - MR/HR/HC			
Driver Cert.			
Working with Children			

Please indicate which of the following vehicles you have driven within the last five years and your level of experience?

Class of Equipment (Over 6-8 tons)	Experience (e.g. Learning to drive only, employment, home/holiday)	Timeframe (e.g. Days, months, years)
Truck - straight or semi (indicate)		
Transit Bus		
School Bus		
Motor Coach		

Accident & Incident Record

Accident Record for Past Five Years:

Accident	Date	Nature of Accident (Head -on, rear-end, side collision)	Fatalities Number	Injuries Number
Last Accident				
Previous Accident				
Other Accident				

Have you ever had your licence, permit or privilege suspended or revoked?

Yes No *(please circle)*

If yes, provide details:

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Traffic Convictions and Forfeitures for the Past 3 Years (Other than parking violations)

Location	Date	Charge	Penalty

How many demerit points do you currently have on your licence? *(number)*

ALL QUESTIONS MUST BE ANSWERED
(This information is Confidential)

MEDICAL HISTORY

Height..... Weight..... General State Of Health

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, Give Details:

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Do you suffer from any of the following complaints? (please circle answer)

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		

Have you required consultation or medication for drug addiction or alcoholism? Yes / No

Do you have any pre-existing injuries or diseases that might be affected by the nature of the proposed employment? Yes / No

If yes, provide details of pre-existing injury or disease:

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Have you suffered any other illness or injury?

Have you undergone any surgical operations?.....

Have you consulted a doctor during the last 5 years regarding any complaints or disabilities? Yes / No

Period of absence in last 2 years..... Days/Months

If so, why?

What medication or prescription drugs do you regularly take, and are there any side effects that might impact on your ability to perform any work this company may expect of you?

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

I certify that the statements made by me in this application are true and correct. I understand and agree that a false statement may disqualify me from employment or result in dismissal. I have read and understand the job description as supplied. I have been made aware that any failure to disclose or giving of false information will render me ineligible for compensation for any recurrence aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease under Section 82 of "Accident Compensation Act 1985".

Employment will be for a trial period of 6 months initially.

Signature of Applicant

Date.....