LATROBE VALLEY BUS LINES PTY. LTD.

APPLICATION FOR EMPLOYMENT

General Instructions:

- 1. This form **must** be completed in the applicant's handwriting.
- 2. Completion of this application does not imply eventual employment.

andard	Of Australia Education Reached & Tertiary Trade Other	n and E	y	f Birth Of Birth es ent His	No
andard	Of Australia Education Reached & Tertiary Trade Other	n and E	Country	es ent His	No
Citizen	Of Australia Education Reached & Tertiary Trade Other	n and E	mploym alifications	es ent His	No
andard	Reached & Tertiary Trade Other	n and E	mploym	ent His	story
	Tertiary Trade Other		alification		-
	Tertiary Trade Other		alification		-
nlavm					
ame	Position	•	ars only or la	To	Reason for Leavi
ar basis	s?	Yes		No	(please circle)
	experi	ar basis?	experience have you had de	experience have you had dealing with	experience have you had dealing with difficult

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				

Accident					
Yes	No	4	ermit or privilege	suspended	or revoked?
If ye	es, provide de	etails:			
Traffic Con	victions and	Forfeitures for the	e Past 3 Years (O	ther than parki	ng violations)
Location	D	ate	Charge	Pena	alty
			_		

ii. How many demerit points do you current have on your licence? (number)

ALL QUESTIONS MUST BE ANSWERED

MEDICAL HISTORY

Heig	ght	Weight	General State Of Health	
		ming any work whi	es or impairment which may prevent you ich the company may require you to perfective)	
If ye	s, please provide	details:		
ii.	Do you suffer	from any of the fol	lowing complaints and illnesses? (Please	tick)
Hear	ring impairment		Tuberculosis T/B	
Vision impairment			Nervous disorder	
Giddiness, blackouts, fits of any			Shortness of breath or chest pains on	
kind			exertion	
	x/ Neck ailments		Heart conditions	
Cramps or circulation problems			Asthma or other respiratory	
			conditions	
High blood pressure			Diabetes	
Mus	cular or joint ailn	nents	Diagnosed Mental Disorder	
iv.	Do you have a nature of the prop No, I do not hat affected by the Yes, I have the	Yes Notating inproper Notation in Section 19 Notation 19 Notation in Section 19 Notation in Notation Notation i	uries or diseases that might be affected b	ted
v	Have you ever	suffered any other	illness or injury? (Please provide details)	••
vi. i	llness and what w	vas the concern?	or regarding any complaints, disabilities	
vii. p	•		al operations in the past five years? (Please	e
iii. t	•		been absence from work in last 2 years of Days/Mor	
	ide effects that m	night impact on you	drugs do you regularly take, and are ther a bility to perform any work this compa	

I have read and understand the job description as supplied.

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 should my application for employment at Latrobe Valley Bus Lines be successful.

I understand that if I gain employment with Latrobe Valley Bus Lines any failure to disclose or giving of false information will render me ineligible for compensation for any recurrence aggravation, acceleration or deterioration of any pre-existing injury or disease under Section 82 of "Accident Compensation Act 1985".

discuse under section 02 of 71	condent compensation rice 1700 .
Signature of Applicant	Date
	OFFICE USE ONLY
INTERVIEW COMMENTS:	OTTICE OSE ONE I

DRIVING TEST: