



PO Box 1275
North Haven SA 5268
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Application for Employment - DRIVERS

ABN 21 008 263 474



Applicants must accept that no guarantee of employment is given by the completion of this form. Please print clearly.

Today's Date _____

PERSONAL DETAILS

Name of applicant _____

Address _____

_____ State _____ Post Code _____

Phone Numbers: _____

Date of birth _____ Marital status _____

Height _____ Weight _____

Type of employment sought: _____ (eg Long distance, Yard, Local driving)

Are you legally entitled to work in Australia? YES / NO

QUALIFICATIONS & EXPERIENCE

What current licenses do you hold?

Class	Lic. No.	State of Issue	Expiry	Years of Experience in Class
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Have you ever held a license in another state? : If yes, please provide details YES / NO

TYPES OF FREIGHT & TRAILER EXPERIENCE (ie bulk, general, stock, containers, dangerous goods, overheight, drop deck, tautliner, fridge van etc):

OTHER EQUIPMENT EXPERIENCE ie other than trucks (eg forklift, container forklift, straddle, excavator, bob cat, front end loader, farm equipment etc):

TRADE QUALIFICATIONS: _____

Have you completed any courses or are you licensed in anything that may be of benefit in your employment? eg Forklift license, computer courses, dangerous goods course, driving assessments etc. _____

WORK HISTORY

Are you currently unemployed? YES / NO. If yes, how long? _____

Previous Employers (Most recent first)

Employer _____ Phone No. _____
Employment from _____ to _____ (dates)
Type of work _____
Reason for leaving _____

Employer _____ Phone No. _____
Employment from _____ to _____ (dates)
Type of work _____
Reason for leaving _____

Employer _____ Phone No. _____
Employment from _____ to _____ (dates)
Type of work _____
Reason for leaving _____

INSURANCE REQUIREMENTS

Have you ever been charged or convicted of arson, theft or any other criminal offence? YES / NO
If Yes, please provide details: _____

Have you ever had an accident, fire or theft happen to a vehicle under your control or made a claim under a motor policy? If Yes, please provide details YES / NO

Claim 1, Date of Accident: _____ Insurance Company: _____
Details of Accident: _____
_____ Claimed \$ _____

Claim 2, Date of Accident: _____ Insurance Company: _____
Details of Accident: _____
_____ Claimed \$ _____

Have you ever been charged with an offence in connection with care, control, management or use of a motor vehicle or had a driving license suspended, endorsed or cancelled? If yes, please provide details: YES / NO

Charge 1. Date of Charge: _____

Nature/Details of Charge: _____

_____ Penalty _____

Charge 2. Date of Charge: _____

Nature/Details of Charge: _____

_____ Penalty _____

Have you ever been reported for, charged with or convicted of alleged drunkenness, or alleged use or alleged possession of drugs? If yes, please provide details YES / NO

Charge 1. Date of Charge: _____

Nature/Details of Charge: _____

_____ Penalty _____

Charge 2. Date of Charge: _____

Nature/Details of Charge: _____

_____ Penalty _____

MEDICAL HISTORY

What is your present state of health? _____

When was your last medical? _____

Have you ever received workers compensation for injury or disease? YES / NO

If yes, give full details: Date _____

Employer _____

Nature of Injury _____

Period of Disablement _____

(If more than one occurrence, please list over page)

Do you, or have you suffered from any physical or mental disability (except eyesight corrected by lenses)?

YES / NO. Please provide details _____

GOALS WITHIN THE COMPANY. Should you be successful, what would you like to get out of this job in the future?

Signed _____