

APPLICATION FOR EMPLOYMENT

TYPE OF EMPLOYMENT: Driver – Heavy Truck Clerk
 Driver – Light Truck Mechanic Other: _____

PERSONAL DETAILS

SURNAME: GIVEN NAMES:

ADDRESS: HOME PHONE:

 MOBILE NO:

 DATE OF BIRTH:

EMPLOYMENT HISTORY

Do you currently have another job? YES NO

EMPLOYER NAME	CONTACT PERSON	PHONE NO.	TIME EMPLOYED

MEMBERSHIPS

Are you a Trade Union member? YES NO

If Yes, who:	Membership No:	Expiry Date:
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DRIVERS LICENCE DETAILS

Licence No:	Licence Class:	Expiry Date:
State of Issue:	Years Held:	
Do you hold any other Licence? Please give details. . .		
Type:	Licence No:	Expiry Date:
Type:	Licence No:	Expiry Date:
Type:	Licence No:	Expiry Date:

Do you have any Licence Endorsements? YES NO
 Endorsements currently outstanding? YES NO

WORKERS COMPENSATION

Have you received Workers Compensation Benefits? YES NO

If Yes, please provide details:

MOTOR VEHICLE ACCIDENTS

Have you at any time had a Motor Vehicle Accident? YES NO
 Was the damage in excess of \$10,000 for all vehicles involved? YES NO
 Was your Licence cancelled? YES NO
 Was a charge made for drink driving? YES NO
 Has insurance ever been refused? YES NO

If Yes, please provide details:

DRIVING RECORD

Have you ever been convicted of a criminal offence?

YES

NO

Please detail any specific driver training undertaken . . .

Type:	Trainer:	Date:
Type:	Trainer:	Date:

MEDICAL DETAILS

Have you had a TruckSafe medical examination?

YES

NO

Date next due:

Are you aware of any pre-existing injury / condition which may impact on your ability to perform completely the normal duties required of the position for which you are applying?

YES

NO

If Yes, please provide details:

Have you any WorkCover claims against any of your previous employers?

YES

NO

If Yes, please provide details:

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Are you currently taking any prescribed medication which would prevent you from being competent to drive a vehicle?

YES

NO

If Yes, please provide details:

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I CERTIFY THAT THE INFORMATION SUPPLIED ON THESE FORMS IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of applicant:

Date:

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