

# Employment Application FORM

*Confidential once completed*

It is our policy to consider all qualified applicants for a position without regard to race, colour, religion, sex, national origin, age, marital status, or non-job related disability. In the event of employment, I understand that false or misleading information given in this form, interviews, medical or other employment processes may result in dismissal.

I have read and understood the above statement:

.....  
Signed

.....  
Date

## APPLICANT DETAILS:

NAME		SURNAME	
PREFERRED NAME		MOBILE	
EMAIL		AGE	

## TYPE OF EMPLOYMENT:

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> DRIVER (Heavy Truck)         | <input type="checkbox"/> CLERK    |
| <input type="checkbox"/> DRIVER (Light Truck)         | <input type="checkbox"/> MECHANIC |
| <input type="checkbox"/> OTHER (Please specify) _____ |                                   |

## LOCATION:

- ADELAIDE
  MELBOURNE
  SYDNEY

## EMPLOYMENT PREFERENCE:

- FULL TIME
  PART TIME
  CASUAL

## PROOF OF RIGHT TO WORK IN AUSTRALIA:

Please indicate which of the following you will bring with you if invited for an interview and attach a copy if can when you submit your application.

Australian Passport	
Australian Citizenship Certificate & Photo ID	
Australian Birth Certificate & Photo ID	
New Zealand Passport with AU immigration Entry Stamp	
Foreign Passport with Permanent Residency Visa	
Foreign Passport with Visa Work Rights	

**NOTE:** Please be aware that Collins Transport Group will not employ ANYONE without valid working rights in Australia. Failure to provide satisfactory evidence of your working rights will result in stopping the process of your application.

## PREVIOUS EMPLOYMENT WITH COLLINS TRANSPORT GROUP:

<b>Previous employment with Collins Transport Group</b>	YES	NO
Have you ever been employed by Collins Transport Group?		
Have you ever applied and withdrawn your application from a position at any of CTG subsidiaries?		
Have you ever applied and been unsuccessful in gaining a position at any of CTG subsidiaries?		

## EMPLOYMENT HISTORY

Please list your last 3 employers or attach a current Resume

1. CURRENT/MOST RECENT EMPLOYER					
COMPANY			LOCATION		
JOB TITLE					
DUTIES					
PERIOD OF EMPLOYMENT	FROM		TO		
DIRECT LINE MANAGER	NAME		CONTACT NO		
REASON FOR LEAVING					
AGREEMENT TO CONTACT EMPLOYER FOR REFERENCE PURPOSES IF REQUIRED				YES	NO

2. PREVIOUS EMPLOYER					
COMPANY			LOCATION		
JOB TITLE					
DUTIES					
PERIOD OF EMPLOYMENT	FROM		TO		
DIRECT LINE MANAGER	NAME		CONTACT NO		
REASON FOR LEAVING					
AGREEMENT TO CONTACT EMPLOYER FOR REFERENCE PURPOSES IF REQUIRED				YES	NO

3. PREVIOUS EMPLOYER					
COMPANY			LOCATION		
JOB TITLE					
DUTIES					
PERIOD OF EMPLOYMENT	FROM		TO		
DIRECT LINE MANAGER	NAME		CONTACT NO		
REASON FOR LEAVING					
AGREEMENT TO CONTACT EMPLOYER FOR REFERENCE PURPOSES IF REQUIRED				YES	NO

## EXPERIENCE & QUALIFICATIONS

List current licenses or authorisations:(e.g. drivers licence, DG authorisations, forklift/ plant tickets, BFM Certificate No.)

Type / Classes	Licence/Auth/Client No	State of Issue	Expiry Date	Years Held

**EDUCATION**

List highest standard achieved at school (include where and when): .....

List any other courses or post school education or training that may help you in your work with this company:

What	Where	When

**DRIVING EXPERIENCE**

List your driving/work experience starting with most recent and working back:

Vehicle Type (eg. Rigid, Semi, B-Double, Road Train)	Type of Work (eg. tipper, fridge, general)	No of Years Experience (eg. 2 years)	When Experience Gained (eg. 1997-1999)	Whilst Employed by: (eg. XYZ TPT)

Other Experience (if applicable):


**ACCIDENTS** – List any vehicle accidents in the last 5 years (if none, write “None”)

Date Approx.	Nature of Accident (e.g. single vehicle, head-on, rear-ender)	Approx. \$ Damage (your vehicle)	At Fault? Y/N	Serious Injuries/Fatality Y/M

Have you had your driver's licence cancelled or suspended?  Yes  No If Yes provide details:

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Have you ever been charged with a Criminal Offence  Yes  No If Yes provide details:

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Have you ever been convicted of or had a finding of guilt for a criminal offence?  Yes  No

If Yes provide details (Includes Good Behaviour Bonds, Corrective Orders etc):

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Provide details of demerit points lost (or pending to be lost) for previous 3 years:

Offence	Points Lost	When (approx)	Comments

**IMPORTANT:** Provide this company a photocopy of your current driver’s licence AND a current licence history print-out from the relevant authority.

## WHY DO YOU BELIEVE YOU WOULD BE SUITABLE FOR THIS POSITION?

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## SELF EVALUATION FORM

Please rate yourself in the following questions using the rating system detailed below:

1	2	3	4	5
BELOW AVERAGE	LESS THAN AVERAGE	AVERAGE	BETTER THAN AVERAGE	ABOVE AVERAGE

1	DRIVING SKILLS	1	2	3	4	5
2	RELIABILITY	1	2	3	4	5
3	FITNESS & HEALTH	1	2	3	4	5
4	ABILITY TO ADHERE TO STRICT POLICIES AND GUIDELINES	1	2	3	4	5
5	ABILITY TO FOLLOW DIRECTIONS AND INSTRUCTIONS	1	2	3	4	5
6	WILLINGNESS TO LEARN	1	2	3	4	5
7	ABILITY TO WORK IN A TEAM ENVIRONMENT	1	2	3	4	5
8	DRIVING HISTORY (SUPPORTED BY RECORDS)	1	2	3	4	5
9	CONCENTRATION ABILITY	1	2	3	4	5
10	PUNCTUALITY	1	2	3	4	5

## HEALTH & FITNESS FOR WORK

Majority of position with CTG require a high level of physical demand. **Are there any previous or existing conditions that may impact on your ability to perform the inherent requirements of the job you applied for? Please list them below:**

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The Company reserves the right to require you to undergo both a pre-employment and if successful on-going medical examinations by a company appointed doctor. The purpose of the medical is to protect public safety and as such the National Heavy Vehicle Accreditation Scheme (NHVAS) standard is used.

Have you had a NHVAS Medical  Yes  No

If Yes, what date is your medical next due \_\_\_\_\_

Do you agree to undergo medical examinations by the Company appointed doctor?  Yes  No

**AVAILABILITY TO WORK** Please insert the timeframe suitable for each day (e.g. Mon 7:00 – 22:00)

	SUN	MON	TUE	WED	THUR	FRI	SAT
WEEK 1							
WEEK 2							
FLEXIBILITY							

**ANY OTHER INFORMATION THAT YOU THINK IS RELEVANT**

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**DECLARATION**

I, \_\_\_\_\_ DECLARE THAT THE INFORMATION PROVIDED BY ME TO THE CTG IN RELATION TO THIS APPLICATION IS TRUE AND CORRECT.

I AUTHORISED THE COMPANY TO OBTAIN SUCH INFORMATION, AS IT MAY CONSIDER NECESSARY TO VERIFY ALL THE INFORMATION IN THIS APPLICATION PACKAGE.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONAL UPON SUCCESSFUL COMPLETION OF THE RECRUITMENT PROCESS WHICH INCLUDES MEDICAL EXAMINATION AND DRUG TESTING.

I ALSO UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING STATEMENTS MADE IN THIS APPLICATION PACKAGE, INTERVIEWS, MEDICAL OR OTHER EMPLOYMENT PROCESS, WILL BE SUFFICIENT CAUSE FOR REJECTION AS AN APPLICAN OR INSTANT DISMISSAL IF EMPLOYED.

SIGNATURE \_\_\_\_\_

DATE \_\_ / \_\_ / \_\_\_\_