

# 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

**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: \_\_\_\_\_