

Employment Application Form



POSITION APPLIED FOR		
DATE		
PERSONAL DETAILS		
Surname	Given Name	
Preferred Name	D.O.B	
Street Address		
Postal Address		
Phone		
Mobile Phone		
Email		
NEXT OF KIN		
Name	Relationship	
Phone	Mobile	
MEDICAL HISTORY		
Have you ever had, or been told by a Doctor that you had any of the following?		
Sleep Apnoea or Narcolepsy	YES/NO	
High Blood Pressure	YES/NO	
Diabetes	YES/NO	
Heart Condition	YES/NO	
Seizures, Fits, Convulsions, Epilepsy	YES/NO	
Blackouts, Fainting	YES/NO	
Neck, Back or Limb injuries or disorders	YES/NO	

CURRENT LICENCES

Drivers Licence No	State of Issue		
Class (e.g. HC/MC)	Expiry Date		
Copy Supplied	YES/NO		
Do you hold any other type of Licence or Accreditation?	YES/NO		
Type of Licence			
Licence No	Expiry Date	Copy Supplied	YES/NO
Have you had your Driver's Licence cancelled or suspended? YES/NO <i>if Yes, provide details:</i>			

List any vehicle accidents in the last 5 years: *if none, write N/A (not applicable)*

Date: (approx.)	Nature of Accident (e.g. Single vehicle, head-on, rear-ender)	Approx \$ Damage (Total Cost)	At Fault	Serious Injury/Fatality
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No

Provide details of demerit points los (or pending) for the last 3 year: *if none, write N/A (not applicable)*

Offence	Points Lost	Date (approx.)	Comments

Basic Fatigue Accreditation	YES/NO
Have you had experience with Dogs and Chains	YES/NO
Have you completed an Advance-driving course	YES/NO
Do you have experience in operating specialist types of vehicles? <i>If Yes, provide details:</i>	YES/NO

EXPERIENCE

MC Years ____	HC Years ____	HR Years ____	MR Years ____	LR Years ____	C Years ____
What type of freight have you been carrying?					

PREVIOUS EMPLOYMENT (MOST RECENT FIRST PLEASE)			
ONE	Company		Position Held
	Contact		Phone
	Dates	From	To
TWO	Company		Position Held
	Contact		Phone
	Dates	From	To
THREE	Company		Position Held
	Contact		Phone
	Dates	From	To
OTHER INFO			
Have you ever been convicted of a Criminal Offence? <i>If yes, please provide details</i>			YES/NO
Are you prepared to perform a Victoria Police Check if required?			YES/NO

OFFICE USE ONLY			
Application Successful	YES/NO	Proposed Start Date	
Casual / Part Time / Full Time			
Local / Long Distance		B Double / Single	
Personal Details Form Received	YES/NO	Induction Complete	YES/NO
Bank Details Form Received	YES/NO	Policies & Procedures Signed	YES/NO
Tax File Declaration Received	YES/NO	Set up on Jaix	YES/NO
Super Choice Form Received	YES/NO	Set up on Paylink	YES/NO

TERMS AND CONDITIONS OF EMPLOYMENT



1. To the best of my knowledge the information supplied is accurate and true. I note that my employment may be terminated if any statement is found to be incorrect. Any offer of employment made will be based on the accuracy of information provided in this document.
2. I give the employer authority to validate details with my former employers and release any form or person from liability in respect of the information given.
3. I understand that any appointment is conditional on the company Medical Practitioner certifying me physically fit to perform the tasks associated with my employment with this company.
4. I agree to submit my Birth Certificate, if requested to do so.
5. I agree to abide by all safety and work regulations and instructions.
6. I am prepared to wear any clothing, footwear or safety equipment that may be supplied by the company.
7. I am prepared to attend a Defensive Driving Course or any other courses as decided by the Company.
8. I understand that it is law that a 0 % Blood Alcohol Content applies to drivers.
9. I understand that company policy is that alcohol is not to be consumed between the commencement hours and finishing hours on any working day, including the times designated as unpaid meal breaks.
10. If for any reason my driving licence is suspended or cancelled whilst employed, I agree to inform the company within 24 hours. I understand that failure to do so is a dismissible offence. Employment may be terminated for loss of driving licence. **Leave must be taken if suspended.**
11. I agree to allow a company representative to search my personal locker, vehicle, parcel or any receptacle in my possession or power while I am on company property or on the property of a customer. A witness shall accompany the company representative.
12. I understand that I am to be employed initially on a **three-month probationary trial basis**. During the three-month probationary trial basis my employment may be terminated without notice if my work performance is unsatisfactory or I am deemed unsuitable or unskilled for the job I have been employed to perform.
13. The Company reserves the right to dismiss without notice for the following: Alcohol, Fighting, Drugs, Theft, failure to follow any company policies Loss of Driving Licence. **DRINKING OF ALCOHOLIC LIQUOR OR BEVERAGES IS NOT PERMITTED WHISLT ON DUTY, NOR DURING MEAL BREAK**
14. I agree to abide by all Company rules and Policies as published.
15. **ABANDONMENT OF EMPLOYMENT: If you fail to attend work without notifying the Company of the reasons for your absence and expected duration of absence, the Company may treat your absence as resignation, in which case your employment with the Company is terminated without notice.**
16. I understand that drivers away from home and being accommodated at Company expense, are expected to telephone the office **each morning before 9.30 am** to report in for instructions and are to conduct themselves decently at all times, whether on duty or not.

APPLICANT'S SIGNATURE: _____ DATE: ____/____/____

MANAGER'S SIGNATURE: _____ DATE: ____/____/____

WORKCOVER PRE-EXISTING INJURIES DISCLOSURE



JAMES TRANSPORT (AUST) Pty Ltd is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure that employees are not required to undertake duties that they are not able to perform safely.

With this in mind, please read this document carefully and discuss any queries that you may have prior to formally applying for employment with JAMES TRANSPORT (AUST) Pty Ltd.

Pursuant to S.82 (7) and (8) of the **Accident Compensation Act** which came into effect on 29th June 1998, you are required to disclose to your employer any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment referred to above.

We advise that failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the **Accident Compensation Act 1985**, should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of, or due to the nature of employment with JAMES TRANSPORT (AUST) Pty Ltd.

JAMES TRANSPORT (AUST) Pty Ltd will rely upon any failure to disclose in accordance with the provisions of the **Accident Compensation Act** as grounds for denying compensation in accordance with S.82 (7) and (8).

Please disclose in the space provided below any pre-existing injuries or diseases that you have suffered which could be affected by the nature of your proposed employment with JAMES TRANSPORT (AUST) Pty Ltd.

Do you have any pre-existing injury or condition YES/NO
If yes, please give details of any pre-existing injury or condition which may impact on the duties you will be required to carry out:

Have you had or do you have any current/outstanding Workcover Claims against any of your previous employers YES/NO
If yes, please give details:

Please list any Workcover claims made in the past six years including amount of time lost, name of employer and nature of injuries:

1

2

3

NAME: _____ DATE: _____

SIGNATURE: _____