

Sutherlands Transport Pty Ltd
APPLICATION FOR EMPLOYMENT

Read This First

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

General

Full Name: _____

Date of Application: _____

Current Address: _____ Postcode: _____
State: _____

Previous Address (if not at current address more than 12 months): _____

Current Phone Contact/s: _____

Date of Birth: _____

Other Forms Of Contact (Fax / E-Mail): _____

Next of Kin (person to notify in emergencies): _____
Relationship: _____

Next of Kin Address: _____

Next of Kin Phone Contact/s: _____

Employment History

List past 5 employers in order of last employer (1):

Employer Name	Location	Phone No (if known)	Position held (e.g.: driver)	Period of Employment	Reason for leaving
1					
2					
3					
4					
5					

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 / N)

Driving Convictions & Offences

In the last 10 years have you had any convictions or any offences in the following:

Alcohol DUI/PCA – If yes please tick appropriate Car Truck Yes

No

Drug offences?

- Dangerous, culpable, negligent, without due care?
- Speeding more than 30 km/h?
- Speeding under 15 km/h?
- Criminal conviction of any description – convictions or pending

If yes please provide details _____

- Do you have more than one truck driving licence?
- Have you held a different interstate licence other than the licence number Stated within the last 5 years?
- Have you ever had your licence endorsed, suspended or cancelled?

Experience & Qualifications

List current licenses or authorisations (e.g.: drivers licence, DG authorisations, forklift / plant tickets, TFMS certification)

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

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

Offence	Points Lost	When (approx.)	Comments

Either 1/ Provide this company a photocopy of you current drivers licence or 2/ allow the company to sight and record licence details.

Please Tick: Allowed photocopy or Produced licence to allow recording of details.

Are you prepared to sign a letter of authorisation for this company to obtain details of your driving history from the relevant road authority? No Yes

Driving Experience

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

Vehicle Type (e.g.: Rigid, Semi, B-Double, Road Train)	Type of Work (e.g.: tipper, fridge, general)	Number of Years Experience (e.g.: 2 years)	When Experience Gained (e.g.: 1997-1999)	Whilst Employed by: (e.g.: XYZ TPT)

Other Experience (if applicable):

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	When	What	When

Work Cover

Are you currently receiving any form of worker's compensation? No Yes

If Yes provide details:

Do you have any claims pending or intend to lodge claims against former employers?

No Yes

If Yes provide details:

Do you have any physical, mental or learning disability or condition, which the Company may need to accommodate if employed as a driver? (refer Job description for employment specifications, ask if not provided) No Yes

If Yes provide details:

Are you prepared to sign a letter of authorisation for this Company to obtain details of your compensation history from the relevant Work Cover authority? No Yes

Health

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 NRTC "Medical Examinations of Commercial Vehicle Drivers" standard is used.

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

To aid in this process you are required to complete the "self report", attached to this employment form, which will be on-forwarded to the Company doctor to aid in the medical examination process.

Additional Comments (if any):

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorise you to make such investigations and inquiries on my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers, government authorities and other persons from all liability in responding to inquiries and releasing information in conjunction to my application.

In the event of employment, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of employment. I also understand that I am required to abide by all policy, procedures and rules of the company.

I understand that if I am successful in gaining a position with the Company that I will be on a probationary period of 90 day from commencement of employment during which time my performance will be monitored.

Name of Applicant _____ Name of Witness: _____

Signature of Applicant: _____ Signature of Witness: _____

Date: _____ Date: _____

↓ TO BE COMPETED BY THE COMPANY ↓

Application meets company criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comple ted (Y / N)	Comments / Records on File	Not Acceptab le	Acceptab le	Abov e Avera ge
1	Application Form					
2	Required License/s					
	- License Printout					
3	Relevant Experience					
4	Interview					
5	Past					

	Employment					
	- References Checked					
6	Accident History					
7	Criminal Convictions					
8	Knowledge Quiz					
9	Road Test					
10	Driver Profile / Analysis					
11	Medical Assessment					
12	Work Cover Claims					
13						
14						

Employment Detail

Position: _____

Approved By: _____

Start Date: _____

Offer Letter Sent (date): _____

Induction Date: _____

Inducted By: _____

Probation Review By: _____

Date: _____

Result: _____

Termination Detail

Date Terminated: _____ Dismissed Quit Other _____

Why: _____