# APPLICATION FOR EMPLOYMENT

## GENERAL UNDERTAKINGS:

1. I understand that this application form must be completed in my own handwriting, and that I must provide truthful and complete answers to each question.
2. I understand that receipt of this application form by the prospective employer does not imply I will be engaged as an employee.
3. I understand that unless a truthful and complete answer is given to each question on this application form, it may not be considered further by the prospective employer.

............................................................... (date)..…………........

SURNAME (BLOCK LETTERS) GIVEN NAMES

ADDRESS SUBURB PHONE NUMBER(S)

DATE OF BIRTH (optional) COUNTRY OF BIRTH

ARE YOU A CITIZEN OF AUSTRALIA? [ ] YES [ ] NO

IF NO, WHAT IS YOUR CURRENT VISA STATUS?

EDUCATION STANDARD REACHED OTHER QUALIFICATIONS

ARE YOU AVAILABLE FOR SHIFT WORK? [ ] YES [ ] NO

WEEKEND WORK? [ ] YES [ ] NO

PUBLIC HOLIDAYS? [ ] YES [ ] NO

WHO SHOULD WE CONTACT IN THE EVENT OF AN EMERGENCY?

WHAT IS YOUR TAX FILE NUMBER: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# QUALIFICATIONS AS A DRIVER

|  |  |  |  |
| --- | --- | --- | --- |
| DRIVER LICENCE NUMBER AND DEMERIT POINTS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DRIVER ACCREDITATION CERTIFICATE NUMBER: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DATE OF EXPIRY: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DRIVER ACCREDITATION CERTIFICATE EXPIRY: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

CURRENT ENDORSEMENTS: (*Please specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach to this application form a copy of your current driver licence and current driver accreditation certificate. Also attach a copy of your latest document from VicRoads which specifies your demerit points (if any).

#### Are you aware of any reason why your driver licence or your driver accreditation certificate may be affected or revoked? (E.g., any legal matters – pending or otherwise; illness etc)

YES [ ] NO [ ]

If YES, please describe the circumstances.

**HAVE YOU EVER BEEN CHARGED, FOUND GUILTY OR CONVICTED OF A CRIMINAL, TRAFFIC OR OTHER OFFENCE (EXCLUDING PARKING OFFENCES) BY A COURT OF LAW OR BY INFRINGEMENT NOTICE WITHIN THE LAST 5 YEARS?**

**[ ] YES [ ] NO**

# PROVIDE FULL DETAILS IN THE SPACE BELOW

Provide details of the offences and indicate if any charges are pending or currently awaiting trial. If there are no prior charges or offences then write NIL in the space provided.

|  |  |  |
| --- | --- | --- |
| **Date** | **Charge(s)** | **Penalty** |
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**Note:** If you are unable to maintain appropriate drivers licence and driver accreditation certificate, you are in our view unable to perform the inherent requirements of the job as a bus driver, and your employment will be terminated.

**Working with Children Card**

**Do you currently hold a Working With Children Card?** YES [ ] NO [ ]

If ‘YES’, please attach a copy of the card and complete the following details:

|  |  |  |  |
| --- | --- | --- | --- |
| WORKING WITH CHILDREN CARD NUMBER | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE OF EXPIRY: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

If ‘NO’, have you been charged or found guilty of any offence that may prevent you from securing a Working With Children Card? YES [ ] NO [ ]

If YES, please provide the details.

**Note:** If you are unable to secure and maintain your Working With Children Card, you are in our view unable to perform the inherent requirements of the job as a bus driver, and your employment will be terminated.

# EXPERIENCE AND SKILLS AS A DRIVER

Please provide a brief outline of your driving experience (apart from your private car):

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Vehicle** | **Nature of Work** | **Approx. No of Kms (Total)** | **Duration of Employment** |
|  |  |  |  |
|  |  |  |  |
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Have you undertaken special training courses or received any awards for driving skills? If so, please provide details (where, when, by whom)

What other skills or experience do you possess relevant to this position:

# EMPLOYMENT HISTORY

**PARTICULARS OF EMPLOYMENT DURING LAST 5 YEARS**

Please provide details of previous employment starting with your most current employer first:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYERS NAME ADDRESS  Phone No. | PERIOD  FROM TO | | POSITION | REASON FOR LEAVING |
|  |  |  |  |  |
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Please provide at least two job related (supervisor or manager position) referees of whom we may contact.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Company** | **Position** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
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If you are currently UNEMPLOYED, state the length of unemployment in months \_\_\_\_\_\_\_\_\_\_

**UNDERTAKINGS IN RESPECT OF REFERENCES**

I understand that reference checks may be made, and that contact may be made with my current/previous employer(s).

I give permission for this to occur.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of applicant)

# MEDICAL HISTORY

HEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_ GENERAL STATE OF HEALTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### DO YOU HAVE ANY KNOWN MEDICAL RESTRICTION ON LIFTING OBJECTS?

[ ] NO [ ] YES IF YES, PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### DO YOU HAVE ANY KNOWN MEDICAL RESTRICTION ON SITTING FOR PROLONGED PERIODS?

[ ] NO [ ] YES IF YES, PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY DISABILITY WHICH MAY PREVENT YOU FROM ADEQUATELY PERFORMING ANY WORK WHICH THE COMPANY MAY REQUIRE YOU TO PERFORM?

[ ] NO [ ] YES IF YES, PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### DO YOU SUFFER FROM OR HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING COMPLAINTS?

(Please circle answer)

|  |  |  |  |
| --- | --- | --- | --- |
| DEFECTIVE HEARING | YES / NO | BACK /NECK AILMENTS | YES / NO |
| DIABETES | YES / NO | MENTAL OR ANIXIETY DISORDER | YES/ NO |
| GIDDINESS, BLACKOUTS, FITS OF ANY KIND | YES / NO | SHORTNESS OF BREATH OR CHEST PAINS ON EXERTION | YES / NO |

HAVE YOU REQUIRED CONSULTATION OR MEDICATION FOR DRUG ADDICTION OR ALCOHOLISM?

[ ] NO [ ] YES IF YES, PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER RECEIVED WORKERS' COMPENSATION OR WORKCOVER? IS THE CLAIM “CLOSED”?

PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU SUFFERED ANY OTHER ILLNESS OR INJURY IN THE LAST 5 YEARS?

[ ] NO [ ] YES IF YES, PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU UNDERGONE ANY SURGICAL OPERATION IN THE LAST 5 YEARS?

[ ] NO [ ] YES IF YES, PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU CONSULTED A DOCTOR DURING THE LAST 5 YEARS REGARDING ANY RECURRENT COMPLAINTS OR DISABILITIES?

[ ] NO [ ] YES IF YES, PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED PERIOD OF ABSENCES FROM WORK IN LAST 2 YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYS/MONTHS

WHY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ALL APPLICANTS TO COMPLETE THE DECLARATIONS BELOW

IT IS AN INHERENT REQUIREMENT OF SUCH EMPLOYMENT THAT YOU HOLD AN APPROPRIATE AND CURRENT DRIVER LICENCE, CURRENT DRIVER ACCREDITATION CERTIFICATE AND (IF REQUESTED) A WORKING WITH CHILDREN CHECK CARD.

*Sign the declaration below once you have read and understood the following:*

If your application is successful:

* Your offer of employment is subject to you providing your current driver licence, driver accreditation certificate and (if applicable) working with children card to the employer or representative of the employer prior to commencing any tasks whatsoever. If you fail to provide the documentation as required or the documentation is no longer current, the offer of employment will automatically lapse.

If your application is successful and you have met the requirement in initial dot point above:

* You must provide your current driver licence, driver accreditation certificate and (if applicable) working with children card to the employer or representative of the employer on an annual (yearly) basis or upon request. If you fail to provide the documentation as required or the documentation is no longer current, this will result in the immediate termination of your employment.
* In the event that you fail to renew your driver licence, driver accreditation certificate and (if applicable) working with children card or they are cancelled for any reason, this will result in the immediate termination of your employment.
* You must notify your employer of any illness, medical condition, criminal, traffic or other offence which may cause your driver licence, driver accreditation certificate and (if applicable) working with children card to be cancelled or suspended, as soon as the condition or offence is known to you.
* Your employment is subject to a 3 month probationary period.
* You will train for and perform such other duties as may be required by the prospective employer to do and which are within your capabilities and skills.

**Pre-Existing Injury Declaration**:

**(Please be advised that you have a requirement to disclose all known pre-existing injuries, illnesses and diseases. Failure to disclose this information may result in you being ineligible for future compensation claims.)**

Do you have any pre-existing injuries, illness or disease which may prevent you from carrying out the employment as described to you? [Yes] [No]

If you answered YES please provide details:

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| --- |
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**I declare that the information set out on this form is true and correct, and if successful, I understand that my employment may be terminated without notice for my failure to disclose truthful answers.**

**I am prepared to undertake any medical examination by a doctor nominated by the prospective employer.**

**If required to attend a medical assessment, I consent to:**

**(a) the prospective employer releasing the information about me that is contained in this form as is reasonably required to conduct the medical or other assessment(s) to the doctor, health practitioner or other expert conducting them; and**

**(b) the doctor, health practitioner or other expert conducting the assessment(s) providing information to the prospective employer regarding my fitness for work and any related matters.**

**I have read and understood or have had explained to me all the requirements specified above.**

**PRIVACY: The prospective employer is collecting personal information through an application process to enable it to select and recruit staff. It, its advisors and any persons engaged by them to assist in the selection and recruitment, may use and disclose your information for selection and recruitment purposes. This may include contacting referees, nominated by you. Please note that in the event that your application with the prospective employer is successful, the personal information that it holds about you which relates to your selection, recruitment and employment will become an employee record under the Privacy Act in respect of that information. Other statutory obligations may apply.**

[**insert name of company and company address**]

**SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_**

**INTERVIEWING OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_**