employment application

|  |  |  |
| --- | --- | --- |
| Position applied for: |  | |
| Location: |  | |
| Date: |  |  |

## Applicant contact details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  | | | DOB: | |  | |
| Street address: |  | | | | | | |
| Suburb: |  | State: |  | Post code: | | |  |
| Home phone |  | | Mobile no. |  | | | |
| Email address: |  | | | | | | |
| Marital status: |  | | Children: | |  | | |
| Emergency contact: | Name | | Relationship: | |  | | |
| Emergency phone no. |  | | Mobile no. | |  | | |

## Driving details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| License no.: |  | | | | *(Provide photocopy of license)* | | |
| Class: |  | | Expiry date: |  | | Years driving: |  |
| Have you ever lost your license? | | Yes  No  *(Please tick applicable)* | | | | | |
| If yes, please provide details: | |  | | | | | |
| Heavy vehicle driving experience: *(List vehicle type and combination)* | | | | | | | |
|  | | | | | | | |
| Do you hold other licenses? *(E.g.: dangerous good, crane, fork lift, etc.)* | | | | | | | |
|  | | | | | | | |

## Previous employment history

|  |  |  |  |
| --- | --- | --- | --- |
| Last employer: |  | 2nd Last employer: |  |
| Position: |  | Position: |  |
| Reason for leaving: |  | Reason for leaving: |  |
| 3rd Last employer: |  | 4th Last employer: |  |
| Position: |  | Position: |  |
| Reason for leaving: |  | Reason for leaving: |  |

## Referees

|  |  |  |  |
| --- | --- | --- | --- |
| Name referee no. 1: |  | Relationship: |  |
| Phone no.: |  | Years known: |  |
|  |  |  |  |
| Name referee no. 2: |  | Relationship: |  |
| Phone no.: |  | Years known: |  |

## Banking, tax & superannuation details

|  |  |  |
| --- | --- | --- |
| Banking | Bank: |  |
| Account name: |  |
| BSB: |  |
| Account no.: |  |
| Tax | Tax file no.: |  |
| Superannuation | Fund name: |  |
| Member no.: |  |

## Workers compensation / medical / personal history

|  |  |  |  |
| --- | --- | --- | --- |
| Incident | Date | Detail of injury | Period off work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Are you prepared to undergo a medical examination? | | Yes  No  *(Please tick applicable)* | |
| Have you ever been charged with a criminal offence? | | Yes  No  *(Please tick applicable)* *If yes, please provide details:* | |
|  | | | |

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Date: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FOR OFFICE USE ONLY | | | |
| **Checks** | | | |
|  | By whom | Date | Notes |
| Referees |  |  |  |
| License |  |  |  |
| Workers comp |  |  |  |
| Bank info |  |  |  |
| Superannuation |  |  |  |
| Tax dec form |  |  |  |
| Copy of license obtained |  |  |  |

|  |  |
| --- | --- |
| Employment recommendation / approval | |
| Employment commencement date: |  |
| Position: |  |
| Commencing wage rate: |  |
|  |  |
| Recommended by: |  |
| Position: |  |
|  |  |
| Approved by: |  |
| Position: |  |

## Notes

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