

TO BE COMPLETED BY THE APPLICANT

It is **Glen Carron Pty Ltd's** 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, the applicant, understand that false or misleading information given in this form, interviews, medical or other employment processes may result in dismissal.

I have read and understood the above statement: /..... /.....
Signature of applicant Date

GENERAL

Full Name..... Date of application /..... /.....

Current address..... State P/code

Previous address..... State P/code
 (if not at current address for more than 12 months)

Current phone contact/s..... Date of birth /..... /.....

Other forms of contact (fax / email).....

Next of kin (person to notify in emergencies).....

Next of kin address.....

Next of kin phone contact/s.....

EMPLOYMENT HISTORY

List past 5 employers in order of last employer first

1	Employer's name			
	Location			
	Phone no.	Period of employment		
	Reason for leaving			

2	Employer's name			
	Location			
	Phone no.	Period of employment		
	Reason for leaving			

3	Employer's name			
	Location			
	Phone no.	Period of employment		
	Reason for leaving			

4	Employer's name			
	Location			
	Phone no.	Period of employment		
	Reason for leaving			

5	Employer's name			
	Location			
	Phone no.		Period of employment	
	Reason for leaving			

ACCIDENTS

List any vehicle accident/s in the last 5 years (if none, leave blank)

Date (approx.)	Nature of accident (eg. single vehicle, head on, rear-ender)	Approx. \$ damage (your vehicle)	At fault? Y / N	Serious injuries or fatality Y / N

EXPERIENCE & QUALIFICATIONS

List current licences or authorisations:
(eg. drivers licence, DG authorisations, forklift / plant tickets, TFMS certification)

Type / classes	Licence / auth / client no	State of issue	Expiry date	Years held

Have you had your driver's licence cancelled or suspended? Yes No If Yes provide details

Have you ever been convicted of a criminal offence? Yes No If Yes provide details

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

Offence	Points lost	When (approx)	Comments

IMPORTANT - Provide this company a photocopy of your current driver's licence AND a current licence history print-out from the relevant authority.

DRIVING EXPERIENCE

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

Vehicle type (eg. rigid, semi, B-double, road train)	Type of work (eg. tipper, fridge, general)	No. of years experience (eg. 2 years)	When experience gained (eg. 1997 – 1999)	Whilst employed by (eg. ABC Tpt)

Other Experience (if applicable)

EDUCATION

List highest standard achieved at school (include where and when)

Standard	Where	When

List any other courses or tertiary 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? Yes No If Yes provide details

Do you have any claims pending or intend to lodge claims against Former employers? Yes No 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 Position Description for employment specifications, ask if not provided)?

Yes No 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? Yes No

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? Yes No

To aid in this process you are required to complete the "Medical 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 THE APPLICANT ↓

This certifies that I, the applicant, 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 **Glen Carron Pty Ltd** 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 polices, procedures and rules of the company.

I understand that if I am successful in gaining a position with **Glen Carron Pty Ltd** that I will be on a probationary period of 90 days 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

Information Services
DTEI
Level 4
33 Warwick Street
WALKERVILLE 5081

Required **Information to fulfil my conditions of employment**

I hereby authorise the Department for Transport, Energy and Infrastructure to provide information in relation to my drivers licence record for the period of –
2005 to **current**

Please release the information to **Glen Carron Pty Ltd (Fax no. 08 87358488).**

Reason for application – **Conditions of employment**

My particulars are as follows –

Surname – _____

Christian name – _____

Maiden/Other names used – _____

Date of Birth – _____

Current address – _____

Home Phone – _____ Business Phone – _____

Mobile Phone – _____

Drivers licence number – _____ Expiry Date – _____

Class of licence – _____

Applicant's signature – _____

Date – _____

Sample Health Policy

I.....as a professional Owner/Driver, observe the following work ethics and values.

1. I observe all safety standards and regulations both on and off the road (relating to road transport) and with my clients.
2. As a professional driver, I;
 - * maintain my vehicle to a high standard
 - * pace myself and take regular breaks to manage my fatigue
 - * abstain from drugs of dependence
 - * keep myself in sound health
 - * undergo a regular medical examination to ATA Standards and have examinations conducted by;

(name & address of doctor).....

3. My priority is to protect the safety of myself, fellow drivers and the community on the road.
4. I practice self restraint prior to my trip, in order to ensure that I am fresh and rested when driving on the road.
5. I pursue safe and sound scheduling processes which allow me to have adequate rest on the job and breaks away from driving.

This policy accurately reflects the way in which I approach the responsibilities of professional driving. I understand that my family is a major influence on my driving performance and that I owe a responsibility to them to maintain my health and safety.

If required, I can produce references to reinforce my values and ethics.

Name:

Date:/...../.....

Witness: