



Employment Application

PERSONAL DETAILS

Surname

Given Name

Address

Suburb

State

Postcode

Telephone

Mobile

E-mail Address

Date of Birth

Sex

M

F

NEXT OF KIN/EMERGENCY CONTACT

Name

Phone

Relationship

POSITION APPLIED FOR

Which Position are you applying for?

When could you commence?

EMPLOYMENT HISTORY

Last Employer

Address

Position Held

From

To

Reason for leaving

2nd Last Employer

Address

Position Held

From

To

Reason for leaving

3rd Last Employer

Address

Position Held

From

To

Reason for leaving

4th Last Employer

Address

Position Held

From

To

Reason for leaving

EDUCATION DETAILS

Secondary

Last School Attended

Level Reached

Year Left

Tertiary Qualifications

Institute

Year Left

PHYSICAL DETAILS

1. Do you have any physical or medical conditions that prevents or restricts you from undertaking certain types of employment and/or certain tasks?

Yes

No

If Yes, please provide answers below

2. Do you take any medications that prevent or restrict you from undertaking certain types of employment and/or certain tasks?

Yes

No

If Yes, please provide answers below

3. Have you ever made a workers compensation claim or common law claim against an employer?

Yes

No

If Yes, please provide answers below

PRIVACY: Shoobridge Transport requested the following driver information to allow us to assess risks. It is very important that you supply true and honest information. Please be advised that any information will be provided to our Insurer and Insurance Broker for assessment and acceptance.

LICENCING

Please provide details of licenses you have held or currently hold for each license type

Licence

State	Licence No.	Type	Expiry Date	Years held
			<input type="text"/>	

State	Licence No.	Type	Expiry Date	Years held
			<input type="text"/>	

State	Licence No.	Type	Expiry Date	Years held
			<input type="text"/>	

Other Licences

State Licence No. Type Expiry Date Years held

DRIVING EXPERIENCE

Class of Equipment	Types of Equipment	Dates From/To	Approx number of KIm driven (Total) & Interstate
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Rigid Truck

Prime Mover & Semi Trailer

Prime Mover with multiple trailer

Other

1. Please provide the names of the highways/areas you have predominately driven for the last 5 years:

2. Please provide details of courses or training you have completed in relation to your occupation:

3. Do you hold any safe driving awards? If Yes, please provide details below.

ACCIDENT/INFRINGEMENT HISTORY

Please provide full details of any vehicle accident you have been in over the past 10 years.

Date of accident	Time of day/night of accident	Name of Employer	Nature of accident	Approx cost of repairs
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Have you ever been convicted of a criminal offence: Yes No

Have you ever been convicted of any of the following offences during the past 10 years whilst driving a motor vehicle?

1. Under the influence of intoxicating liquor or drugs? No (If yes, please provide details below) Yes

Date Offence Court Findings

2. Exceeding the prescribed concentration of alcohol in the blood? No (If yes, please provide details below) Yes

Date Offence Court Findings

3. Loss of license No (If yes, please provide details below) Yes

Date Offence Court Findings

4. Any other criminal offences? No (If yes, please provide details below) Yes

Date Offence Court Findings

Licenses and current license printouts are to made available with this employment application.

DECLARATION

1. I hereby certify that the particulars contained herewith are to the best of my knowledge correct, and I am aware that any inaccurate statement made, or information withheld may result in termination of my employment and may lead to difficulty in establishing a WorkCover claim.
2. I give Shoobridge Transport permission to verify particulars in my employment history / qualifications / affiliations and any other reasonable inquiries in relation to suitability for employment.

Name:

Signature

Date