



Transit Australia Group

All correspondence to: PO Box 3036 Robina QLD 4230 AUSTRALIA
Head Office: 43 Commerce Drive Robina QLD 4226 AUSTRALIA

TRANSIT AUSTRALIA GROUP

APPLICATION FOR EMPLOYMENT - DRIVERS

The information supplied in this document will remain strictly confidential between the applicant and this Company

PERSONAL DETAILS

Position Applied For:		Date:
Surname:	Given Names:	Preferred Name:
Present Address (include suburb, state & postcode):		Home Ph:
		Mobile Ph:
E-mail address:		

EMERGENCY CONTACT

Name:	Home / Business Address:
Contact No:	Relationship:

LICENCE DETAILS

Do you hold a current driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licence No:	Class:
	Expiry Date:	State of Issue:
Do you hold a current driver's authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	QLD DA No:	Class:
	Expiry Date:	State of Issue:
Drivers for Surfside are required to hold BOTH Queensland and New South Wales Driver Authorities	NSW DA No:	Class:
	Expiry Date:	State of Issue:

Please attach a copy of your traffic record from Department of Transport and a photocopy of your Driver's Licence and Driver's Authority

EDUCATION AND TRAINING

School, College, Institute, University etc:		Location:	
From:	To:	Standard Reached / Qualifications Obtained:	
Certificate Training / Institution:		Location:	
From:	To:	Certificate obtained:	Copy Attached: Y <input type="checkbox"/> N <input type="checkbox"/>
Apprenticeship:	Employer:	Location:	
Other qualifications, training or special skills:			



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HEALTH						
Do you have / have you had trouble with your:	Back / Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wrist / Elbows	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ankles / Knees	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	_____
Have you ever injured yourself at work or suffered an industrial disease?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any physical impairment which would prevent the wearing of personal protective equipment?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to undertake a pre-employment medical exam (by a Company-appointed GP) prior to any offer of employment to ascertain my medical suitability to undertake the inherent requirements of the position.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" to any questions above, please give details:						
EMPLOYMENT HISTORY						
Company Or Employer Name	Position Held	From	To	Reason for Leaving		
Do you have copies of references from these employers?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If necessary are you willing to:		Work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work night shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Work weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work split shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICANT'S DECLARATION						
I declare that all statements which I have made on this form are true to the best of my knowledge and belief, and understand that any misstatement of material facts may affect the success of this or any future employment application with this Company. I further understand that failure to provide information or falsely stating any information may result in termination of employment. I further understand and accept that my roster may be changed at any time with due regard to relevant awards and/or enterprise agreement conditions.						
I accept I may be required to undertake a pre-employment medical, based around the inherent requirements of the role, and any information will be made available to the Company prior to any offer of employment. I also confirm that I am able to maintain the required standards of fitness, safety, courtesy and neatness at all times and observe all rules and policies of the Company including due care and responsibility of Company property, equipment and monies. I agree to actively participate in random drug and alcohol testing as required.						
Signature:			Date:			
OFFICE USE ONLY						
Start Date:	Classification:	Award/EA:	Base Wage:			
Special Conditions (if any):						