

EDUCATION & TRAINING							
QUALIFICATIONS: HIGH SCHOOL, CERT III, CERT IV, DIPLOMA, DEGREE	COURSE NAME (ATTACH COPY OF QUALIFICATION)			STATE QUALIFICATION COMPLETED	DATE COMPLETED	COMPLETED (YES/NO/IN PROGRESS)	
WORK HISTORY / AUTHORISED REFERENCE DETAILS (Please provide details from your 2 most recent roles)							
COMPANY NAME	REFEREE NAME AND POSITION			REFEREE CONTACT NUMBER	DATES OF EMPLOYMENT		
EMPLOYMENT INFORMATION							
Are you seeking:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part time - Please indicate max hrs per week:			<input type="checkbox"/> Casual		
Notice Period:	<input type="checkbox"/> Available	<input type="checkbox"/> 1 wk	<input type="checkbox"/> 2 wks	<input type="checkbox"/> 3 wks	<input type="checkbox"/> 4 wks	Other:	
Annual leave planned:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please provide dates:					
Are you willing to:	Work overtime		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Work night shift		YES <input type="checkbox"/> NO <input type="checkbox"/>
	Work weekends		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Work split shifts		YES <input type="checkbox"/> NO <input type="checkbox"/>
What is your availability (please circle or highlight):	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
	AM <input type="checkbox"/> /PM <input type="checkbox"/>	AM <input type="checkbox"/> /PM <input type="checkbox"/>	AM <input type="checkbox"/> /PM <input type="checkbox"/>	AM <input type="checkbox"/> /PM <input type="checkbox"/>	AM <input type="checkbox"/> /PM <input type="checkbox"/>	AM <input type="checkbox"/> /PM <input type="checkbox"/>	AM <input type="checkbox"/> /PM <input type="checkbox"/>
HEALTH, SAFETY & FITNESS FOR WORK							
Have you ever or do you currently suffer from any medical illness, injury or pre-existing condition which may restrict your duties and/or require adjustment in the workplace? If yes, please provide detail:						YES <input type="checkbox"/>	NO <input type="checkbox"/>
To comply with the Alcohol and Other Drugs Procedure do you accept that you may be required to undertake Drug & Alcohol Screening, including random screening, throughout the course of your employment and authorise the company to undertake such screening?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
I acknowledge that if I supply false or misleading information, my appointment or continued employment may be affected. I understand that if I knowingly supply false or misleading information, I will not be entitled to compensation or damages under the <i>Workers' Compensation and Rehabilitation Act 2003</i> (the Act), for any event that aggravates the non-disclosed pre-existing injury or condition.						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Due to the nature of our business, all Bus Drivers must hold a current Driver's Authority at all times. Do you accept that any infringements or convictions incurred may affect your employment with "The Company"?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have read the Task Analysis, relevant to the role (available on our website) and am able to fulfil the inherent requirements of the role						YES <input type="checkbox"/>	NO <input type="checkbox"/>
AGREEMENT (Please read the following statement carefully)							
I hereby affirm that the information provided on this application (and accompanying resume) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorise "The Company" to conduct any/all applicable pre-employment checks, including Employment, Criminal History, Medical, Work Rights, Working With Children Check and Driver Authority clearance confirmation, to support my application and authorise "The Company" to contact all of the professional references provided.							
Applicant's signature:				Date signed (dd/mm/yyyy): / /			