

APPLICATION FOR EMPLOYMENT

SURNAME:

LICENCE NO:

GIVEN NAME:

EXP DATE:

ADDRESS:

LICENCE CLASS:

EMAIL:

DRIVER AUTHORITY NO:

MOBILE:

D.O.B:

PREVIOUS EMPLOYMENT NAME:

TAX FILE NUMBER:

GENERAL INFORMATION

EXPERIENCE IN THE BUS INDUSTRY:

YES/NO

WITH WHOM:

WHAT CAPACITY:

ANY MARKS AGAINST YOUR LICENCE:

YES/NO

OFFENCE/DATES:

ANY DRINK DRIVING:

YES/NO

DATE:

TRADE QUALIFICATIONS OR SPECIAL COURSES:

**PLEASE PROVIDE WORKING WITH THE CHILDREN CHECK WITH REFERENCE NUMBER, AND
AUTHORISED BUS DRIVER LICENCE / DRIVER AUTHORITY**

IN CASE OF EMERGENCY PLEASE PROVIDE TWO CONTACTS

NAME:

NAME:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

NEXT OF KIN:

DO YOU SUFFER FROM ANY PHYSICAL DISABILITIES, AILMENTS OR SUFFER FROM ANY RECURRING ILLNESS? YES/NO

IF YES, PROVIDE DETAILS:

NO. OF SICK DAYS IN THE PAST 12 MONTHS:

HAVE YOU EVER CLAIMED WORKERS COMPENSATION? YES/NO

IF YES, PLEASE PROVIDE BRIEF DETAILS OF THE TYPE OF INJURY AND THE TIME YOU WERE UNABLE TO CARRY OUT NORMAL DUTIES: YES/NO

ARE YOU PREPARED TO UNDERGO A MEDICAL EXAMINATION AT THIS COMPANY EXPENSE? YES/NO

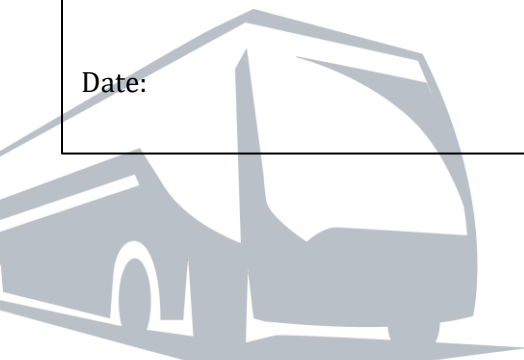
HAVE YOU ANY OBJECTION TO YOUR PREVIOUS EMPLOYERS BEING CONTACTED

*Please note that it is company policy to place all new employees on a **Casual Basis** at the commencement of employment. Transfer to permanent employment is subject to performance and satisfaction of the management.*

Office use only

Notes:

Date:



MESSAGES / COMMENTS:

REFERENCES:

