



## EMPLOYMENT APPLICATION

### PERSONAL DETAILS:

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME PH: \_\_\_\_\_ MOBILE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ SEX: \_\_\_\_\_

No. OF DEPENDANT CHILDREN: \_\_\_\_\_

### IN CASE OF EMERGENCY:

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_ MOBILE: \_\_\_\_\_

### MEDICAL HISTORY:

IS THERE ANY INJURY/ILLNESS OR MEDICAL CONDITION THAT THE COMPANY SHOULD BE

AWARE OF: YES / NO IF YES GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD A PREVIOUS WORKERS' COMPENSATION CLAIM: YES / NO

IF YES: INJURY \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_

### QUALIFICATIONS:

DRIVERS LICENCE NO.: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_

HOW MANY YEARS DRIVING EXPERIENCE IN THIS CLASS? \_\_\_\_\_

FORKLIFT LICENCE: \_\_\_\_\_ RED CARD \_\_\_\_\_

OTHER LICENCES: \_\_\_\_\_



HAS YOUR LICENCE BEEN CANCELLED OR SUSPENDED IN THE LAST FIVE YEARS?

YES / NO IF YES WHY? \_\_\_\_\_

HAVE YOU HAD AN ACCIDENT WITHIN THE LAST FIVE YEARS? YES / NO

IF YES PLEASE GIVE BRIEF DETAILS: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN REFUSED FOR VEHICLE INSURANCE? YES / NO

IF YES WHY? \_\_\_\_\_

**EXPERIENCE:**

HAVE YOU ANY PREVIOUS EXPERIENCE WITH THE FOLLOWING:

TRAY TRUCKS	YES/NO	FLATTOP SEMIS	YES/NO	STEPDECK SEMIS	YES/NO
STEERABLE JINKERS	YES/NO	LOW LOADERS	YES/NO	SIDE LIFTERS	YES/NO
WIDE/LONG LOADS	YES/NO	TARPING	YES/NO	CRANE TRUCKS	YES/NO
MACHINERY MOVEMENT	YES/NO	ESCORT/PILOT	YES/NO	MECHANICAL	YES/NO

**EMPLOYMENT HISTORY FOR THE PAST FIVE YEARS:**

<b>EMPLOYER'S NAME</b>	<b>POSITION HELD</b>	<b>YEARS EMPLOYED</b>	<b>REASON FOR LEAVING</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**REFERENCES:**

PLEASE LIST TWO BUSINESS AND ONE PERSONAL REFEREE.

<b>NAME</b>	<b>COMPANY OR RELATIONSHIP</b>	<b>POSITION</b>	<b>PHONE NUMBER</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DECLARATION:**

I declare that all the above information I have provided is correct and if I am employed by Membrey's Transport and Crane Hire Pty Ltd I will abide by all company policies and conditions, including maintaining a blood alcohol level of zero during working hours.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_