

Driver Job Application Form

Position applied for: _____

Date: _____

Personal details

Given name: _____

Family name: _____

Preferred name: _____

Address: _____

Telephone Daytime: _____

Mobile: _____

Email: _____

What type of work are you available for? (tick one)

Full time

Part time

Casual

When will you be available for work? _____

Are you an Australian citizen?

YES

NO

Are you willing to supply a Licensing Authority history print out initially and then every six months?

YES

NO

Do you have a professional Heavy Truck Drivers License?

YES

NO

Points left to date:	_____	State:	_____
License number:	_____	Class:	_____

Have you ever had your Driving License Cancelled?

YES

NO

Please indicate details:

Current qualifications (relevant to position i.e. Basic Fatigue Management)

Qualification title	Institution/training provider	Year completed

Are you currently undertaking study/training? (tick one)

Yes

No

If yes, course/program name: _____

(tick one)

Full time

Part time

Distance

Other

Applicant's Statement of Driving Experience: (Note - a Road/Job test is Mandatory!)

Type / Class	List type of experience i.e. refrigerated, DG etc	Years of Experience	Last course completed
Rigid			
Single			
B Double			
Road Train			
Dangerous Goods			
Forklift			
Other			

Previous Employment History (most recent first)

Employer name/ establishment	Dates from/to	Position	Reason for leaving

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position / working relationship (e.g. supervisor)	Office use check initial/date

Do you agree to have referees contacted in relation to this application? (tick one)

Yes No

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential)

Medical Information

Please provide any other information that you identify as being relevant to this application (e.g. medical conditions, disabilities that impact on your ability to undertake the inherent requirements of the position applied for). *Please read the Declaration section below and supply relevant, true and correct information.*

I agree to undertake a pre-employment medical at the businesses expense
i.e. health and drug screening. **YES NO**

Have you ever been dismissed, charged or convicted of an offence? **YES NO**

Have you ever been dismissed due to, charged or convicted of an offence in
connection with the care, control, management or use of a vehicle? **YES NO**

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed: _____

Date: _____

For office use only

Confidential – reference checks

Reference name	Comments	Would re-employ?		Initial	Date
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Action

Interview arranged for: (date) _____

Offer of employment made Position: _____

Letter of advice sent: (date) _____

By: (name) _____

Letter of appointment signed: (date) _____

By: (name) _____

Induction due on: (date) _____

Probationary period expires on: (date) _____

Payroll details entered: (date) _____

By: (name) _____

Notes

Application unsuccessful

Letter of advice sent: (date) _____

By: (name) _____

Application to be destroyed on: (date) _____

Notes