



## APPLICATION FOR EMPLOYMENT

State ..... Date Application Received / /

Position Applying For: .....

All application details must be completed in your own handwriting.

All questions must be answered and all answers will be treated confidentially by (Naismith Truck Movers Pty Limited). Naismith Truck Movers is proud to be an Equal Opportunity Employer.

### **Section 1**

Family Name	Given Names	Date of Birth

Gender: Male  Female

#### Your Current Residential Address

Street Name & Number		
Suburb or Town	State	Postcode

#### Your Postal Address (if different from above)

Street Name & Number or Post Office Box Details		
Suburb or Town	State	Postcode

#### Your Contact Details

Phone - After Hours	Phone - Business Hours (if applicable)	Mobile
( )	( )	
Email Address		

Are you an Australian Citizen? Yes  No

(If you are not, do you currently hold permanent residency in Australia?) Yes  No

#### **Emergency Contact details (Please List 2 Contacts)**

(Contact 1) Name	Address	
Mobile	After Hours	Business Hours (if applicable)
	( )	( )

(Contact 2) Name	Address	
Mobile	After Hours	Business Hours (if applicable)
	( )	( )

## **Section 2**

### Current Driver's License Details

License Number	Expiry Date	License Type or Class	Special Conditions	State

Please List any extra Endorsements on your License

Do you hold a Dangerous Goods License in this State ? Yes  No

DG License No	Expiry Date

Have any of your Licence's ever been Suspended or Cancelled? Yes  No   
 (if yes, please give details of each offence or attach a Road Traffic Authority printout)

List all Vehicle Accidents in the past three years (supply details, damage & approximate cost)

Date	Brief Details	Who was at fault

Do you have experience in operating the following?

Details	Yes	No	How Long	Details	Yes	No	How Long
Tandem Drive			.....years	Road Ranger Gearbox			.....years
Semi-Trailer			.....years	Crane Truck			.....years
B-Double			.....years	Bulk Tanker			.....years
Road Train			.....years	Maximum Load Carried	.....tonnes		

Do you have experience operating other types of vehicles? Yes  No   
 (if yes, please give brief details)

Do you give permission for Naismith Truck Movers to check the Following?

National Police Records Yes  No

Road Traffic Authority Records Yes  No

Please sign & date

Signature	Date

### **Section 3**

Do you currently have, or have you had in the past, any of the following illnesses or medical conditions?

Diseases or Illness	Yes	No	Diseases or Illness	Yes	No
High Blood Pressure (Hypertension)			Diabetes		
Heart Attack or Stroke			Epilepsy		

Do you currently have, or have you had in the past, any other illness, medical condition, pre-existing ailment, physical disability, mental disability or working limitations that:

Details	Yes	No
1. May possibly affect your ability to perform this job		
2. Could be aggravated by the duties while performing your daily work routine		
3. Within the course of attending and completing your duties, may possibly place yourself or others at risk of serious injury or death		

Have you ever made a Workers Compensation Claim? Yes  No

(if yes, please supply details)

Date	Employer	Type of Injury	Period & Dates of Absence

Do you currently have Workers Compensation against any Employer? Yes  No

(if yes, please supply details)

Date	Employer	Type of Injury	Period & Dates of Absence

### **Section 4**

What is your highest level of formal education? (please tick appropriate box)

Year 9 or Below  Year 10  Year 11  Year 12  Post-Secondary Qualification

Have you ever completed a Trade Qualification or Apprenticeship? Yes  No

(if yes, please supply details)

Please list any other Skills, Qualifications, Licenses, or Permits that may be relevant to this Application.

## Section 5

What is your current Employment status?

(please tick appropriate box)

Full Time

Part Time

Casual

Unemployed

If currently employed, please list Employer and Years worked at Current Employment.

Employer	Duties	Years	Months

(Please Note: Your current employer will not be contacted without your express permission)

Have you previously worked for any Transport or Freight company that may assist you in gaining Employment at Naismith Truck Movers?

Yes  No

(if yes, please supply details)

Previous Employer 1			
Start Date	End Date	Position + Relevant Duties	Reason for leaving Employment
Previous Employer 2			
Start Date	End Date	Position + Relevant Duties	Reason for leaving Employment
Previous Employer 3			
Start Date	End Date	Position + Relevant Duties	Reason for leaving Employment

## Employment References

(Please provide names and contact details of at least two previous Employers or Personal References who may be contacted to confirm Employment Details, Work Performance/ Personal Ethic's & General questions.

1 <sup>st</sup> Reference		
Contact Name	Company	Position Held
Employer Address & Contact Details		

2 <sup>nd</sup> Reference		
Contact Name	Company	Position Held
Employer Address & Contact Details		

3 <sup>rd</sup> Reference		
Contact Name	Company	Position Held
Employer Address & Contact Details		

