

APPLICATION FOR EMPLOYMENT AND CONSENT TO OBTAIN INFORMATION

Application Date:/...../..... Type of work required:.....
 (Truck Driver, Yard Worker, Office)

Given Names:

Family Name: DOB:

Other Names you have been known by:

Current Address:
 Postcode.....

Phone (W): Phone (H) Mobile:

Email:

Next of Kin..... Phone
 (Person to Notify in Case of Emergency)

Next of Kin Address..... Relationship.....

LICENCES / CLEARANCES / AUTHORISATIONS

List any current licences, clearances or authorisations (e.g. Drivers Licence, DG licence, ASIO clearance, MSIC card, HRW Licence - Forklift) related to the position you are applying for:

| Type/Class | Licence/Auth No | State of Issue | Expiry Date | Years Held | No. of Driving Hours completed (approx.) |
|------------------|-----------------|----------------|-------------|------------|--|
| Drivers licence | | | | | |
| Forklift Licence | | | | | |
| | | | | | |
| MSIC | | | | | |

Please attach a photocopy of your current heavy vehicle driver's licence

Previous Employment: (Past five 5 years)

Employer:

Contact: Phone.....

Period of Employment (Month/Year)/..... to /.....

Employer:

Contact..... Phone.....

Period of Employment (Month/Year)/..... to /.....

Employer:

Contact..... Phone.....

Period of Employment (Month/Year)/..... to /.....

Medical Information

Please carefully read the **attached** position description which lists the nature of the duties you may be required to perform. Please provide details of all of existing injuries or medical conditions which you know or suspect, would be aggravated by performing the duties described in the position description

| Injury/Condition | When suffered | Period off work | Treatment obtained | Date of last symptoms | Date of last treatment and by whom. |
|------------------|---------------|-----------------|--------------------|-----------------------|-------------------------------------|
| | | | | | |
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If insufficient space please insert additional information on reverse side of this form

IMPORTANT NOTE: In accordance with the Workers Compensation and Rehabilitation Act 2003 (Qld) section 571C, if you knowingly make a false or misleading disclosure, you or any other claimant will not be entitled to compensation or to seek damages for any event that aggravates a pre-existing injury or medical condition.

Information provided by you will be supplied to the medical practitioner who conducts any pre-employment medical examination.

Do you consent to Daryl Dickenson Transport applying to the Workers' Compensation Regulator for a copy of your claims history summary? Yes / No

Do you consent to a pre-employment medical examination to ensure that you are able to fulfil the inherent requirements of the position? Yes / No

Drug and Alcohol Testing

Do you consent to submit to drug and alcohol testing (including random testing) in accordance with our policies as amended from time to time? Yes / No

Criminal History

Daryl Dickenson Transport may require a criminal history check with both State and Federal Police where it is relevant to the requirements of a particular role. Do you consent to us carrying out police checks if required? Yes / No

Driver History

Have you supplied or are you prepared to supply a copy of your driver history in any State in Australia? Yes / No

Do you have BFM (14 hour log book driving)? (Please supply proof of training) Yes / No

Referees: Please provide three work related referees:

Referee (1)

Name: Company:

Phone:(W) Mobile: Email:

Referee (2)

Name: Company:

Phone: (W)..... Mobile..... Email:

Referee (3)

Name: Company:

Phone: (W)..... Mobile: ... Email:

I certify that the information provided in this application is complete and is true and correct

Yes / No

Applicants Signature Date: .../...../.....