



Application For Employment

TO BE COMPLETED BY APPLICANT

It is **Deluxe Freight Systems** policy to consider all qualified applicants for a position without regard to race, colour, religion, sex, national origin, age, marital status, or non-job related disability. In the event of employment, I, the applicant, understand that false or misleading information given in this form, interviews, medical or other employment processes may result in dismissal.

I have read and understood the above statement::
 Signature of applicant Date

GENERAL

Full Name Date of application.....

Current address State..... P/code

Previous address State..... P/code

(if not at current address for more than 12 months)

Current phone contact/s..... Date of birth.....

Other forms of contact (fax / e-mail).....

Next of kin (person to notify in emergencies).....

Next of kin address

Next of kin phone contact/s..... Relationship

EMPLOYMENT HISTORY

List past 5 employers in order of last employer first

1	Employers Name			
	Location			
	Phone number		Period of employment	
	Reason for leaving			

2	Employers Name			
	Location			
	Phone number		Period of employment	
	Reason for leaving			

3	Employers Name			
	Location			
	Phone number		Period of employment	
	Reason for leaving			

4	Employers Name			
	Location			
	Phone number		Period of employment	
	Reason for leaving			

5	Employers Name			
	Location			
	Phone number		Period of employment	
	Reason for leaving			

ACCIDENTS

List any vehicle accidents in the last 5 years (if non, write "None")

Date (approx)	Nature of accident (eg. Single vehicle, head on, rear-ender)	Approx. \$ damage (your vehicle)	At fault? Y / N	Serious injuries or fatality Y / N

EXPERIENCE & QUALIFICATIONS

List current licenses or authorisations:

(eg. Drivers licence, DG authorisations, forklift/plant tickets, TFMS certification)

Type / classes	Licence / auth / client no	State of issue	Expiry date	Years held

Have you had your drivers licence cancelled or suspended? Yes / No If Yes provide details

Have you ever been convicted of a criminal offence? Yes / No if Yes provide details

Provide details of demerit points lost (or pending to be lost) for previous 3 years

Offence	Points lost	When (approx)	Comments

IMPORTANT - Provide this company with a photocopy of your current driver's licence AND a current history print-out from the relevant authority.

DRIVING EXPERIENCE

List your driving / work experience starting with most recent and working back

Vehicle type (eg. Rigid, semi, B-double, road train)	Type of work (eg. Tipper, fridge, general)	No. of years experience (eg. 2 years)	When experience gained (eg. 1997-1999)	Whilst employed by (eg.ABC Tpt)

Other Experience (if applicable)

EDUCATION

List Highest standard achieved at school (include where and when)

Standard	Where	When

List any other courses or post school education or training that may help you in your work with this company

What	When	What	When

SKILLS

Have you used a barcode scanner before? Yes / No
Have you used E-mail or the internet before? Yes / No

WORK COVER

Are you currently receiving any form of workers compensation? Yes / No if Yes provide details

Do you have any claims pending or intend to lodge claims against former employers? Yes / No if Yes provide details

Do you have any physical, mental or learning disability or condition which the company may need to accommodate if employed as a driver? (Refer to Position Description for employment specifications, ask if not provided) Yes / No if Yes provide details

Are you prepared to sign a letter of authorisation for this company to obtain details of your compensation history from the relevant Work Cover authority? Yes / No

HEALTH

The company reserves the right to require you to undergo both a pre-employment and if successful on-going medical examinations by a company appointed doctor. The purpose of the medical is to protect public safety and as such the NRTC “Medical Examinations of Commercial Vehicle Drivers” standard is used.

Do you agree to undergo medical examinations by the company appointed doctor? Yes / No

To aid in this process you are required to complete the “Medical Self Report” attached to this employment form, which will be on-forwarded to the company doctor to aid in the medical examination process.

ADDITIONAL COMMENTS (if any)

↓ TO BE READ AND SIGNED BY THE APPLICANT ↓

This certifies that I, the applicant, completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorise **Deluxe Freight Systems** to make such investigations and inquiries on my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers, government authorities and other persons from all liability in responding to inquires and releasing information in conjunction to my application.

In the event of employment, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of employment. I also understand that I am required to abide by all policies, procedures and rules of the company.

I understand that if I am successful in gaining a position with **Deluxe Freight Systems** that I will be on a probationary period of 90 days from commencement of employment during which time my performance will be monitored.

.....
Name of applicant

.....
Name of witness

.....
Signature of applicant

.....
Signature of witness

.....
Date

.....
Date

