OPERATORS/ DRIVERS APPLICATION FOR EMPLOYMENT

Company Name:	HERB Blanchard HAULAGE	Address:	373 Fry Street, Grafton NSW 2460 Ph 0266049111

Read This First ™

It is our 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 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: Date:

General

Full Name: _____ Date of Application: _____

Current Address: _____ Postcode: _____ State: _____

Previous Address (if not at current address 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): _____ Relationship: _____

Next of Kin Address: _____

Next of Kin Phone Contact/s: _____

Employment History

List past 5 employers in order of last employer (1):

	Employer Name	Location	Phone No (if known)	Position held (eg: driver)	Period of Employment	Reason for leaving
1						
2						
3						
4						
5						

Accidents

List any Vehicle accidents in the last 5 years: (if none, write "None")

Date (approx)	**Nature of Accident** (eg: single vehicle, head on, rear-ender)	**Approx $ Damage (your vehicle)**	**At Fault?** (Y / N)	**Serious Injuries / fatality (Y / N)**

Experience & Qualifications

List current licenses or authorisations (eg: drivers licence, DG authorisations, forklift / plant tickets, TFMS certification)

Type / classes	Licence/Auth No	State of Issue	Expiry Date	Years Held

Have you had your driver's licence cancelled or suspended? ☐ **No** ☐ **Yes** ™I f Yes provide details:

Are you a member of the Transport Workers Union? ☐ **No** ☐ **Yes** ™I f Yes provide details

Have you ever been convicted of a criminal offence? ☐ **No** ☐ **Yes** ™ 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

Either 1/ Provide this company a photocopy of you current drivers licence **or** 2/ allow the company to sight and record licence details.

Please Tick: ☐ Allowed photocopy **or** ☐ Produced licence to allow recording of details.

Are you prepared to sign a letter of authorisation for this company to obtain details of your driving history from the relevant road authority? ☐ **No** ☐ **Yes**

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)	**Number of Years Experience** (eg: 2 years)	**When Experience Gained** (eg: 1997-1999)	**Whilst Employed by:** (eg: XYZ TPT)

Other Experience (if applicable):

What type of driving work are you seeking with our company?

Rigid Local: Yes / No
Articulated Semi Local: Yes / No
Long Distance Interstate Articulated Semi Yes / No

Any other Comments with type of work:

Note:

As part of your employment conditions, the company requires you to provide a licence print out of license every 12 months. The company will pay the cost of this requirement.

Superannuation

Are you a member of a Superannuation Fund? ☐ **No** ☐ **Yes ™**

If Yes provide details

Superannuation Fund:
Member Number:

Education

List highest standard achieved at school (include where and 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

WorkCover

Are you currently receiving any form of worker's compensation? ☐ **No** ☐ **Yes** ™ If Yes provide details:

Do you have any claims pending or intend to lodge claims against former employers? ☐ **No** ☐ **Yes** ™ 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 Job description for employment specifications, ask if not provided) ☐ **No** ☐ **Yes** ™ If Yes provide details:

Are you prepared to sign a letter of authorisation for this Company to obtain details of you compensation history from the relevant Workcover authority? ☐ **No** ☐ **Yes**

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? ☐ **No** ☐ **Yes**

To aid in this process you are required to complete the "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 APPLICANT

This certifies that I 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 you 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 hearby release employers, health care providers, government authorities and other persons from all liability in responding to inquiries 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 policy, procedures and rules of the company.

I understand that if I am successful in gaining a position with the company, that I will be on a probationary period of 90 day 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: _____

↓ TO BE COMPETED BY Company Staff. ↓

Application meets company criteria? ☐Yes ☐No

		Completed (Y / N)	Comments / Records on File	Not Acceptable	Acceptable	Above Average
1	Application Form					
2	Required License/s					
	- License Printout					
3	Relevant Experience					
4	Interview					
5	Past Employment					
	- References Checked					
6	Accident History					
7	Criminal Convictions					
8	Knowledge Quiz					
9	Road Test					
10	Driver Profile / Analysis					
11	Medical Assessment					
12	Workcover Claims					
13						
14						

Employment Detail

Position: _____ Approved By: _____

Start Date:_____ Offer Letter Sent (date): _____

Induction Date: _____ Inducted By: _____

Probation Review By: _____ Date:_____ Result: _____

Termination Detail

Date Terminated:_____ ☐Dismissed ☐Quit ☐other _____

Why:

MEDICAL SELF REPORT

(To be Completed by the Driver)

Please answer the questions by ticking the correct box. If you are not sure, circle and discuss with the doctor during the examination.

		No	Yes
1	Are you being treated by a doctor for any illness or injury?	☐	☐
2	Are you receiving any medical treatment or taking any medication?	☐	☐
3*	Have you ever had an accident as a result of blacking out or falling asleep?	☐	☐
4*	In the past year, have you ever had to pull off the road because you became sleepy?	☐	☐
	If YES: How often? _____		
5	Have you ever contemplated or attempted suicide?	☐	☐
6	Have you ever had, or been told by a doctor that you had any of the following?	☐	☐
	6.1 High blood pressure	☐	☐
	6.2 Heart disease	☐	☐
	6.3 Chest pain, Angina	☐	☐
	6.4 Any condition requiring heart surgery	☐	☐
	6.5 Palpitations / irregular heartbeat	☐	☐
	6.6 Abnormal shortness of breath	☐	☐
	6.7 Head Injury, Spinal injury	☐	☐
	6.8 Seizures, Fits, Convulsions, Epilepsy	☐	☐
	6.9 Blackouts, Fainting	☐	☐
	6.10 Stroke	☐	☐
	6.11 Dizziness, Vertigo	☐	☐
	6.12 Double vision, Difficulty seeing	☐	☐
	6.13 Colour blindness	☐	☐
	6.14 Psychiatric illness, Nervous disorder	☐	☐
	6.15 Kidney disease	☐	☐
	6.16 Diabetes	☐	☐
	6.17 Sleep disorder, Sleep Apnoea, Narcolepsy	☐	☐
	6.18 Alcohol abuse	☐	☐
	6.19 Bleeding bowel or black motions	☐	☐

		No	Yes
7	Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	☐	☐
8	Have you ever:		
	8.1 attempted to cut down on your drinking?	☐	☐
	8.2 been annoyed with other people criticising your drinking?	☐	☐
	8.3 felt guilty about your drinking?	☐☐	☐☐
	8.		
9	Do you use illicit drugs?	☐	☐
10	Do you use any drugs or medications not prescribed for you by a doctor?	☐	☐

Applicant Declaration:

I, _____

(Print Name)

- certify that to the best of my knowledge the above information supplied by me is true and correct; and
- consent to the Doctor releasing medical information to the perspective employer / employer in direct relation to my medical eligibility for a commercial vehicle driving position.

Signature: _____

Date: _____

_____

Doctor Comments: (append pages if necessary)

_____
_____
_____
_____
_____
_____