



# Application for Employment

## PERSONAL DETAILS

Position Applying for:		Full or Part Time:	
Surname:		Given Name (s):	
Current Address:			
Post Code:			
Contact Phone Numbers: Home:		Mobile:	
Email Address:			

## LICENCE DETAILS

Current Drivers Licence No.	Class:	Expiry Date:
Current Drivers Auth No.	Class:	Expiry Date:

A copy of your Licence and Authorisation must be attached to this application.

Do you have any convictions or traffic endorsements on points? **Yes / No**

If YES please provide details: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Are you currently employed? **Yes / No**

If YES, please provide contact name and information of your current employer:

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Are you currently self-employed in any capacity? **Yes / No**

If you are successful with this application, would you continue to work self-employed? **Yes / No**

Employer/Company Name:	Position Held:	Dates From/To:	Reason For Leaving:

Do you have any objection to these employers being contacted as reference purposes? **Yes / No**  
If so, please indicate which one (s) and a reason why.

**Please Turn Over**

## HEALTH

This information enables the Hornibrook Group to fulfill workplace health and safety obligations. If you answer 'yes' to any of these questions please provide details below.

Do you or have you previously suffered any physical, mental or emotional condition which that may affect your abilities to carry out your duties? YES / NO

Do you have any concerns or restrictions with lifting objects of around 15kg? YES / NO

Do you have any concerns or restrictions with sitting for prolonged periods of time? (i.e. driving a bus for 8 or more hours per day). YES / NO

Do you have any difficulties with your vision that may affect your ability to drive in certain weather conditions or times of day? YES / NO

Do you have any health concerns that may be affected by working shift work? YES / NO

Do you have any pre-existing leg, knee, shoulder back or neck injuries that could restrict your ability to carry out your duties? YES / NO

Are you able to bend, crouch or stoop to reach the floor? YES / NO

Are you able to walk for ten minutes or more? YES / NO

Do you have any problems with regards to standing for long periods of time? YES / NO

Do you have or had have had any previous heart condition or circulatory or blood pressure problems? YES / NO

Are you currently taking any medication that may affect your ability to operate a Vehicle? (i.e. drowsiness, alertness, etc). YES / NO

Do you have any allergies? YES / NO

Do you weigh over 130kgs, which is the mechanical operating limit of a driver's seat? YES / NO

Do you consume more than 20 standard-size alcoholic drinks per week? YES / NO

Do you smoke? If yes, please give number per day YES / NO

**Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## APPLICANTS DECLARATION

I declare that all the statements which I have made on this form are true and to the best of my knowledge and belief and understand that any false statement may affect the success of this or any future employment application.

I agree to attend a medical assessment should I be required to, and that the Company may release the information contained in this form as is reasonably required to conduct the assessment. The assessment may be carried out by a doctor, health practitioner, occupational therapist or suitable expert. I also agree that the health practitioner may disclose information to the Company with regards to my fitness for work.

Should I be employed, I understand that a failure to provide information or falsely stating information in this application may result in termination of my employment.

I further understand and accept that my roster and hours of work may be changed at anytime, with due regard to any award and/or enterprise agreement conditions and that I willingly accept such changes. I also confirm that I will adhere to all company policies, standards and conditions of my employment.

Signature of Applicant:

Date:

### OFFICE USE ONLY

Start Date:

Payroll Number:

Department:

Special Considerations:

Licence / DA Check:

Entered By:

EXP. DATE: