

APPLICATION FOR EMPLOYMENT

*Please Note: All information in this application is confidential and will be treated as such by the Company. Any information provided by unsuccessful candidates will be destroyed after 6 months.

POSITION APPLIED FOR: _____
 APPLICANT'S SURNAME: _____
 GIVEN NAMES: _____
 DATE OF BIRTH: _____
 RESIDENTIAL ADDRESS: _____

POSTCODE: _____
 TELEPHONE: (H) _____ (M) _____
 ABORIGINAL OR TORRES STRAIT ISLANDER? YES / NO IF YES PLEASE SPECIFY _____
 NAME & TELEPHONE NUMBER OF PERSON TO BE NOTIFIED IN THE EVENT OF PERSONAL EMERGENCY: _____

ADDRESS OF PERSON: _____
 POSTCODE: _____
 TELEPHONE: (H) _____ (M) _____

GENERAL DETAILS:

LICENCE NO: _____ CLASS: _____ EXPIRY DATE: _____
 NUMBER OF YEARS DRIVING EXPERIENCE: _____
 TYPES OF VEHICLES/MACHINERY YOU HOLD A LICENCE FOR: _____
 DO YOU HAVE A B-DOUBLE EXPERIENCE? YES / NO
 DO YOU HAVE ROAD TRAIN EXPERIENCE? YES / NO
 DO YOU HAVE ANY LICENCE REQUIREMENTS (eg. Glasses, Seatbelt, ETC) YES / NO. IF YES, PLEASE SPECIFY _____

TRAFFIC OFFENCES/DRIVING RECORD:

HAVE YOU EVER HAD YOUR DRIVING LICENCE CANCELLED, SUSPENDED OR ENDORSED? YES / NO. IF YES, PLEASE SPECIFY _____

TRAFFIC OFFENCES IN THE LAST 5 YEARS? YES / NO. IF YES, PLEASE SPECIFY _____

PLEASE NOTE THAT IT IS A REQUIREMENT WHEN SUBMITTING THIS APPLICATION THAT A RECENT COPY OF YOUR DRIVING RECORD IS REQUIRED FROM QUEENSLAND TRANSPORT OR RTA TO BE ATTACHED TO THIS APPLICATION, ALONG WITH A COPY OF YOUR CURRENT LICENCE.

CRIMINAL RECORD:

DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES / NO.
 IF YES, PLEASE SPECIFY _____

Accident Record (Last 4 Accidents)	1	2	3	4
Place of accident				
Date of accident				
Owner of truck involved				
Type of load being carried				
Estimated cost of the accident				
Who was to blame for the accident				
Was any police action taken?				
Against the applicant – Yes or NO?				



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www.corbets.com.au

ACN: 010 448 530 • ABN: 27 715 042 313

LIST TRAINING COURSES YOU HAVE COMPLETED AND WHEN:

HAVE YOU COMPLETED THE FATIGUE MANAGEMENT TRAINING (TLIF1007C)? IF POSSIBLE PLEASE ATTACH CERTIFICATE TO THE APPLICATION FORM:

YES/NO DETAILS: _____

HAVE YOU HAD A Q FEVER IMMUNISATION? (PLEASE DOCUMENT DATE DONE, OR DOCTORS NAME ETC):

YES/NO DETAILS: _____

QUALIFICATIONS/TICKETS:

- | | | | |
|----------------------------------|-----------------------------------|--------------------------------------|--|
| WELDER <input type="checkbox"/> | MECHANIC <input type="checkbox"/> | ELECTRICIAN <input type="checkbox"/> | HSSE <input type="checkbox"/> |
| BACKHOE <input type="checkbox"/> | DOZER <input type="checkbox"/> | EXCAVATOR <input type="checkbox"/> | FRONT END LOADER <input type="checkbox"/> |
| CRANE <input type="checkbox"/> | FORKLIFT <input type="checkbox"/> | ROLLER <input type="checkbox"/> | COMPACTOR <input type="checkbox"/> |
| SCRAPER <input type="checkbox"/> | CRUSHER <input type="checkbox"/> | GRADER <input type="checkbox"/> | SKID STEER LOADER <input type="checkbox"/> |
| CHIPPER <input type="checkbox"/> | GRINDER <input type="checkbox"/> | SCREENING <input type="checkbox"/> | HAUL TRUCK <input type="checkbox"/> |
| OTHER _____ | | | |

WORKING FOR CORBET'S GROUP YOU MAY BE REQUIRED TO SPEND LONG ABSENCES FROM YOUR PRIMARY RESIDENCE. WILL THIS IMPACT ON YOUR ABILITY TO PERFORM YOUR DUTIES?

PLEASE LIST YOUR LAST THREE EMPLOYERS:

PRESENT OR LAST COMPANY: _____
JOB DESCRIPTION: _____
POSITION DESCRIPTION: _____
EMPLOYED FROM: _____ TO: _____
EMPLOYER ADDRESS: _____
TELEPHONE: _____
CONTACT NAME: _____
POSITION: _____
REASON FOR LEAVING: _____

SECOND LAST COMPANY: _____
JOB DESCRIPTION: _____
POSITION DESCRIPTION: _____
EMPLOYED FROM: _____ TO: _____
EMPLOYER ADDRESS: _____
TELEPHONE: _____
CONTACT NAME: _____
POSITION: _____
REASON FOR LEAVING: _____

THIRD LAST COMPANY: _____
JOB DESCRIPTION: _____
POSITION DESCRIPTION: _____
EMPLOYED FROM: _____ TO: _____
EMPLOYER ADDRESS: _____
TELEPHONE: _____
CONTACT NAME: _____
POSITION: _____
REASON FOR LEAVING: _____



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MEDICAL HISTORY:

YOU MAY BE REQUIRED TO UNDERTAKE A PRE-EMPLOYMENT MEDICAL EXAMINATION TO DETERMINE YOUR FITNESS FOR THE POSITION.

DO YOU AGREE TO UNDERTAKE A PRE-EMPLOYMENT MEDICAL? YES NO

DO YOU CONSENT TO THE RESULTS OF THIS MEDICAL BEING MADE KNOWN TO THE COMPANY?

YES NO

IF No, PLEASE SPECIFY

HAVE YOU HAD ANY WORK RELATED INJURIES OR ILLNESSES WHICH MAY IMPACT ON YOUR ABILITY TO UNDERTAKE WORK FOR CORBET'S GROUP? YES / NO.

IF YES, PLEASE SPECIFY

DO YOU HAVE ANY CONDITION OR PHYSICAL LIMITATIONS WHICH MAY LIMIT BENDING/LIFTING/GENERAL MOBILITY AROUND THE VEHICLES AND TRAILERS? YES / NO.

IF YES, PLEASE SPECIFY

DO YOU HAVE ANY CLAIMS PENDING AGAINST FORMER EMPLOYERS PURSUANT TO THE WORKER'S COMPENSATION ACT 1971 AS AMENDED? YES / NO

IF YES, PLEASE SPECIFY

HAVE YOU CLAIMED ANY TYPE OF WORKER'S COMPENSATION, PREVIOUSLY? YES / NO

IF YES, PLEASE SPECIFY

HAVE YOU AT ANY TIME SUFFERED FROM THE FOLLOWING (WRITE YES OR NO AGAINST EACH)

BLACKOUTS	YES NO
HIGH/LOW BLOOD PRESSURE	YES NO
ASBESTOSIS / SILICOSIS	YES NO
BREAKDOWN	YES NO
NOISE INDUCED HEARING DEFECT	YES NO
ASTHMA OR BRONCHITIS	YES NO
HEART PROBLEM(S)	YES NO
DISEASE OF LIMBS OR JOINTS	YES NO
SKIN DISORDER / DERMATITIS	YES NO
ANY RESPIRATORY BREAKDOWN	YES NO
BACK PROBLEMS OF ANY KIND	YES NO
VARICOSE VEINS	YES NO
FAINTING, GIDDINESS	YES NO
HERNIA	YES NO
VISUAL DEFECTS / COLOUR	YES NO
BLINDNESS	YES NO
MUSCLE – JOINT ILLNESS	YES NO
SPEECH DEFECTS	YES NO
NERVOUS / MENTAL AILMENT	YES NO
EPILEPSY / DIABETES	YES NO
KIDNEY / BLADDER DISEASE	YES NO
NECK / SPINAL AILMENT	YES NO
LOSS OF HEARING	YES NO
CHRONIC DISEASE (PLEASE STATE)	YES NO
BENDING OR LIFTING	YES NO
ALCOHOLISM / DRUG DEPENDENCY	YES NO
CHRONIC ILLNESS (PLEASE STATE)	YES NO
ECZEMA	YES NO
MIGRAINE / HEADACHES	YES NO
STOMACH / DUODENAL ULCER	YES NO
AIDS OR HEPATITIS B	YES NO
SINUSITIS	YES NO
ALLERGIES TO PENICILLIN / OTHER	YES NO
SLEEP APNOEA	YES NO
HEAD OR SPINAL INJURIES	YES NO
NERVOUS DISORDERS	YES NO
HAY FEVER	YES NO
ANY ISSUE PREVENTING THE USE OF A SEAT BELT (inc Medical)	YES NO
OTHER – PLEASE SPECIFY _____	

Please attach:

Resume

Cover Letter

Licences and tickets

Medical (truck drivers only)

Basic Fatigue Management (truck drivers only)

Traffic History (truck drivers only)

DECLARATION OF APPLICANT:

I ACKNOWLEDGE THAT FAILURE TO DISCLOSE ANY RELEVANT INFORMATION OR PROVIDING FALSE OR MISLEADING INFORMATION MAY LEAD TO INSTANT TERMINATION OF MY EMPLOYMENT:

SIGNATURE OF APPLICANT: _____

DATED: _____