

# 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 applicants will be destroyed after 6 months.

Please attach with application a copy of your **Resume, Cover Letter, Licence(s) and Ticket(s), Medical (if required), AFM/BFM (if required), Traffic History (if required).**

## PERSONAL DETAILS

**Position Applying For:** .....

**Applicant's Surname:** .....

**Given Name (s):** .....

**Date of Birth:** .....

**Residential Address:** .....

**Mobile Number:** .....

**Email Address:** .....

**Aboriginal or Torres Strait Islander:** Yes or No – If yes, please specify .....  
(Please circle)

**Emergency Contact's Full Name:** .....

**Emergency Contact's Phone Number:** .....

## GENERAL DETAILS

**Driver's Licence Number:** .....

**Class:** .....

**Expiry Date:** .....

**Number of Years Driving Experience:** .....

**Do you have experience driving a B-Double?** Yes or No  
(Please circle)

**Do you have experience driving a Road Train?** Yes or No  
(Please circle)

**Do you have any Licence Requirements?** Yes or No – If yes, please specify .....  
(Please circle)



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## Traffic Offences / Driving Record:

**Have you ever had your driving licence cancelled, suspended, or endorsed? (Please circle)**  
 Yes / No - If yes, please specify

**Have you had any traffic offences in the last 5 years: (Please circle)**  
 Yes / No - If yes, please specify

*Please note it is a requirement when submitting this application that a recent copy of your driving history is required from Queensland Transport. Please attach this with the application, along with a copy of your driver's licence.*

## Criminal History

**Do you have any criminal convictions? (Please circle)**  
 Yes / No - If yes, please specify

## Training Courses and Date Completed

Name:

Name:

Name:

Name:

Name:

**Have you completed the Fatigue Management Training? (Please circle)**  
 Yes/No – If yes, please supply a copy of completion certificate.

## Qualifications/Tickets

<b>Do you have any other Vehicle/ Machinery Licences/Tickets? If so, please advise:</b>			
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"/>

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## Please List your last Three Employers:

*Please advise if you wish for us not to contact a previous employer.*

*Employer 1*

**Present or Last Company:**  
**Job Title:**  
**Start of Employment Date:**  
**Company Address:**  
**Phone:**  
**Contact Name:**  
**Contact Name Position:**  
**Reason for Leaving:**

*Employer 2*

**Present or Last Company:**  
**Job Title:**  
**Start of Employment Date:**  
**Company Address:**  
**Phone:**  
**Contact Name:**  
**Contact Name Position:**  
**Reason for Leaving:**

*Employer 3*

**Present or Last Company:**  
**Job Title:**  
**Start of Employment Date:**  
**Company Address:**  
**Phone:**  
**Contact Name:**  
**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? (Please circle)***

Yes / No

***Do you consent to the results of this medical being made known to Corbet's Group? (Please Circle)***

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? (Please Circle)***

Yes/ No

If yes, please specify \_\_\_\_\_

***Do you have any conditions or physical limitations which may limit bending/lifting/general mobility around the vehicles or trailers? (Please Circle)***

Yes/ No

If yes, please specify \_\_\_\_\_

***Do you have any claims pending against former employers pursuant to the Workers' Compensation and Rehabilitation Act 2003? (Please Circle)***

Yes/ No

If yes, please specify \_\_\_\_\_

***Have you claimed any type of Worker's Compensation, previously? (Please Circle)***

Yes/ No

If yes, please specify \_\_\_\_\_

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Have you at any time suffered from the following? (Please circle Yes or No)

<i>Blackouts</i>	Yes	No
<i>High/Low Blood Pressure</i>	Yes	No
<i>Asbestosis / Silicosis</i>	Yes	No
<i>Breakdown / Anxiety / Depression</i>	Yes	No
<i>Noise Induced Hearing Defect</i>	Yes	No
<i>Asthma or Bronchitis</i>	Yes	No
<i>Heart Problem (s)</i>	Yes	No
<i>Disease of Limbs or Joints</i>	Yes	No
<i>Skin Disorder / Dermatitis / Eczema</i>	Yes	No
<i>Any Respiratory Breakdown</i>	Yes	No
<i>Back Problems of any kind</i>	Yes	No
<i>Varicose Veins</i>	Yes	No
<i>Fainting, Giddiness</i>	Yes	No
<i>Hernia</i>	Yes	No
<i>Visual Defects / Colour</i>	Yes	No
<i>Blindness</i>	Yes	No
<i>Muscle – Joint Illness</i>	Yes	No
<i>Speech Defects</i>	Yes	No
<i>Nervous / Mental Ailment</i>	Yes	No
<i>Epilepsy</i>	Yes	No
<i>Diabetes</i>	Yes	No
<i>Kidney / Bladder Disease</i>	Yes	No
<i>Neck / Spinal Ailment</i>	Yes	No
<i>Loss of Hearing</i>	Yes	No
<i>Chronic Disease or Illness</i>	Yes	No
<i>Bending or Lifting</i>	Yes	No
<i>Alcoholism / Drug Dependency</i>	Yes	No
<i>Migraine / Headaches</i>	Yes	No
<i>Stomach / Duodenal Ulcer</i>	Yes	No
<i>Aids or Hepatitis B</i>	Yes	No
<i>Sinusitis</i>	Yes	No
<i>Allergies to Penicillin / Other</i>	Yes	No
<i>Sleep Apnoea</i>	Yes	No
<i>Head or Spinal Injuries</i>	Yes	No
<i>Hay Fever</i>	Yes	No
<i>Any issue preventing the use of a seat belt (inc. Medical)</i>	Yes	No
<i>Other – please specify</i>		
_____		

**Declaration of Applicant:**

**Acknowledgement that failure to disclose any relevant information or providing false or misleading information may lead to instant termination of employment:**

**Signature of Applicant:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

