

EMPLOYMENT APPLICATION FORM

Surname	Date of Birth**	Marital Status (Optional)
Christian Names	Home Phone	Next of Kin
Home Address Postcode	Mobile Phone	Emergency Contact
	Home Email Address	Relationship
Position Applied For	Location	Phone

**Note: Your "Date of Birth" is used for Birthday Greetings to all staff nationally. Please tick here if you do NOT wish it to be used in this way:

All Qualifications Held Including Dangerous Goods (Please enclose photocopies of Licenses and Certificates)

License	Licence No	Classes	Place of Issue	Issue Date	Expires	Time Held
Drivers Licence						
Forklift Licence						
Dangerous Goods Licence						

Do you consume alcohol? If yes - how often?	Yes	No
Do you smoke?	Yes	No
Have you been convicted of any traffic breaches? If yes - what?	Yes	No
Have you had any other convictions? If yes - what?	Yes	No
Have you been involved in any motor vehicle accidents as a driver or passenger? If yes - what?	Yes	No
Do you belong to a union? If yes - which one	Yes	No
Are you familiar with the term "Freedom of Association"?	Yes	No
How long have you lived in this area?		
Do you play sport? If so list	Yes	No
Do you have any pre-existing injury or condition? If so, what	Yes	No
	When	

Workers Compensation Authority

Have you ever claimed for any work related injury or ailment? If so, what	Yes	No
	When	

I.....being an applicant for employment with Simon Transport Pty Ltd have no pre-existing injuries and condition other than those disclosed in this application and hereby authorise the Relevant Workers Compensation Insurer to disclose details of my previous claims to Simon Transport Pty Ltd
I CERTIFY THAT THIS IS A TRUE AND ACCURATE STATEMENT

Signature..... Date...../...../.....

BANKING DETAILS

Name of Bank (eg) Commonwealth	BSB/Branch No.	Account No.
Branch Name	Account Name	

OFFICE USE ONLY

Employed As	Pay Rate	Employee No
Interviewed By:	Authorised By:	Commencement Date
Fair Work Information Statement Issued ? Yes / No		Fuel Bowser Access Required?
Comments:		

Employment History

Past 5 Employers

Company		Contacts
Address 1		Phone Numbers
Suburb/Town	Postcode	Position Held
Length of Employment from/...../.....		Length of Employment. To/...../.....
Reason for leaving		

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Simon Transport Pty Ltd
 ACN 009 898 159