

| | | | | |
|-------------------------------------|----------|----------------------|---|--|
| Surname | | Date of Birth** | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Christian Names | | Home Phone | | |
| Current Address – Number and Street | | Mobile Phone | | |
| Suburb / Town | Postcode | Home Email Address | | |
| Emergency Contact (Full Name) | | | Home Phone | |
| Relationship | | | Mobile Phone | |
| Position Applied For | | Location of Position | | |

**Note: "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:

Banking Details

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

Office Use Only

| | | | |
|---|--------------------|---|------------------|
| Employed As: | Position Location: | Employee No: | |
| Pay Rate**: | Grade: | Commencement Date: | Shift Start Time |
| Interviewed By: | Authorised By: | Tag No. | |
| Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Permanent Part Time..... Number of set hours p/w | | | |
| Fair Work Information Statement Issued? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Fuel Bowser Access Required? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <i>DRIVERS OF ANY COMPANY VEHICLES: Attach Driving Authorisation and Managed Plan approved by Training Manager for any driver less than 25 years of age, or with less than 2 years driving experience for the licence class that they are being employed for.</i> | | | |
| Comments: | | | |

** Any above award pay rates or salaries must be authorised by the Business Improvement & Corporates Services Manager, National Manager – Transport and Warehousing or Managing Director.

Qualifications held including Dangerous Goods (Please enclose photocopies of Licences and Certificates)

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

Workers Compensation Authority

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

Applicant Questionnaire

| | |
|--|--|
| Do you consume alcohol? If yes – how often? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you smoke? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been convicted of any traffic breaches? If yes – what? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any other convictions? If yes - what? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been involved in any motor vehicle accidents as a driver or passenger? If yes - what? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you belong to a union? If yes – which one? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you familiar with the term “Freedom of Association”? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How long have you lived in this area? | |
| Do you play sport? If yes – list? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any pre-existing injury or condition? If yes - what? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you of Aboriginal or Torres Strait Islander descent? (Responding to this question is optional) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| This data is only used for statistical purposes. | |

Employment History – Past 5 Employers

| | | |
|-----------------------------|------------|---------------|
| Company | | Contact Name |
| Address – Number and Street | | Phone Number |
| Suburb/Town | Postcode | Position Held |
| Length of Employment. | Start Date | Finish Date |
| Reason for leaving | | |

| | | |
|-----------------------------|------------|---------------|
| Company | | Contact Name |
| Address – Number and Street | | Phone Number |
| Suburb/Town | Postcode | Position Held |
| Length of Employment. | Start Date | Finish Date |
| Reason for leaving | | |

| | | |
|-----------------------------|------------|---------------|
| Company | | Contact Name |
| Address – Number and Street | | Phone Number |
| Suburb/Town | Postcode | Position Held |
| Length of Employment. | Start Date | Finish Date |
| Reason for leaving | | |

| | | |
|-----------------------------|------------|---------------|
| Company 1 | | Contact Name |
| Address – Number and Street | | Phone Number |
| Suburb/Town | Postcode | Position Held |
| Length of Employment. | Start Date | Finish Date |
| Reason for leaving | | |

| | | |
|-----------------------------|------------|---------------|
| Company 1 | | Contact Name |
| Address – Number and Street | | Phone Number |
| Suburb/Town | Postcode | Position Held |
| Length of Employment. | Start Date | Finish Date |
| Reason for leaving | | |

Contact Information and System Access

| | |
|-----------------------------------|-------------------------|
| Surname | Work Phone |
| Christian Names | Mobile Phone |
| Position Name / Title | Location of Position |
| Email Address | |
| System Access Required | Business Cards Required |
| Comments / Additional Information | |