



Thompson Bus Services

# EMPLOYMENT APPLICATION FORM

The information supplied in this document will remain strictly confidential between the applicant and this company and must be completed in the applicant's own handwriting.

POSITION BEING APPLIED FOR: tick  DRIVER     ADMINISTRATION     OTHER

<b>1. PERSONAL DETAILS (Please PRINT in BLOCK letters)</b>		DOB:	/	/
FAMILY NAME: _____		GIVEN NAME(S): _____		
ADDRESS: _____				
SUBURB: _____		POST CODE: _____		
YEARS AT THIS ADDRESS: _____		<input type="checkbox"/> OWN	<input type="checkbox"/> BUYING	<input type="checkbox"/> RENT
TELEPHONE: _____		MOBILE: _____		
EMAIL: _____				
MARITAL STATUS: _____		NUMBER OF DEPENDENTS: _____		
<b>EMERGENCY CONTACT DETAILS:</b>				
FULL NAME: _____		RELATIONSHIP: _____		
ADDRESS: _____				
SUBURB: _____				
TELEPHONE: _____		MOBILE: _____		

<b>2. DRIVING HISTORY</b>				
DRIVER LICENCE #:		EXPIRY DATE:		CLASS:
DRIVERS AUTHORISATION EXPIRY DATE: _____		CODES: _____		
HAS YOUR LICENCE EVER BEEN ENDORSED, SUSPENDED OR CANCELLED?		<input type="checkbox"/> NO	<input type="checkbox"/> YES – provide details below	
DO YOU HAVE ANY DEMERIT POINTS AGAINST YOUR LICENCE? REASONS?		<input type="checkbox"/> NO	<input type="checkbox"/> YES – How many?	
HAVE YOU EVER BEEN FOUND GUILTY OF AN OFFENCE UNDER A TRAFFIC CODE?		<input type="checkbox"/> NO	<input type="checkbox"/> YES – provide details below	
APART FROM THE ABOVE, HAVE YOU EVER BEEN FOUND GUILTY OF ANY CRIMINAL OFFENCE IN THE PAST?		<input type="checkbox"/> NO	<input type="checkbox"/> YES – provide details below	

3. DRIVING EXPERIENCE & EMPLOYMENT HISTORY				
COMPANY/EMPLOYER NAME	POSITION HELD	DATE STARTED	DATE LEFT	REASON FOR LEAVING
DO YOU HAVE COPIES OF REFERENCES FROM THESE EMPLOYERS?		<input type="checkbox"/> YES – Please provide copies		<input type="checkbox"/> NO
ARE WE ABLE TO CONTACT THESE EMPLOYERS TO DISCUSS YOUR ROLE/EMPLOYMENT?		<input type="checkbox"/> YES – Please provide details		<input type="checkbox"/> NO

4. HEALTH	
DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM: (please provide details)	
BACK PAIN: <input type="checkbox"/> NO <input type="checkbox"/> YES - details	
HAVE YOU EVER MADE A CLAIM OR RECEIVED BENEFITS DUE TO BACK PAIN? <input type="checkbox"/> NO <input type="checkbox"/> YES – see below	
Please provide details:	
DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM:	
EPILEPSY <input type="checkbox"/> NO <input type="checkbox"/> YES	MIGRANES <input type="checkbox"/> NO <input type="checkbox"/> YES
CHEST / HEART PROBLEMS <input type="checkbox"/> NO <input type="checkbox"/> YES	BLACKOUTS &/OR DIZZINESS <input type="checkbox"/> NO <input type="checkbox"/> YES
	DIABETES <input type="checkbox"/> NO <input type="checkbox"/> YES
	HIGH / LOW BLOOD PRESSURE <input type="checkbox"/> NO <input type="checkbox"/> YES
ANY OTHER MEDICAL OR PHYSICAL CONDITIONS WHICH MAY AFFECT THE PERFORMANCE OF YOUR DUTIES:	
<input type="checkbox"/> NO <input type="checkbox"/> YES - details	

5. EDUCATION, TRAINING AND GENERAL INFORMATION	
SCHOOL(S) ATTENDED: _____	YEAR LEFT? _____
PRIMARY SCHOOL: _____	HIGH SCHOOL: _____
HIGHEST GRADE: _____	TAFE COLLEGE, UNIVERSITY OR OTHER: _____
DO YOU HOLD ANY TRADE OR QUALIFICATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES – provide details below including date(s) of completion	
HAVE YOU COMPLETED ANY PROFESSIONAL DRIVER TRAINING OR DEFENSIVE DRIVER COURSES? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Please provide details: _____	
ARE YOU UNDERTAKING ANY COURSE OF STUDY OR TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Please provide details: _____	
UNDER COMMONWEALTH GOVERNMENT LEGISLATION, YOU MAY BE ELIGIBLE FOR INDUSTRY TRAINING AS PART OF YOUR EMPLOYMENT. <input type="checkbox"/> NO <input type="checkbox"/> YES	
ARE YOU ABLE TO JOIN IN SUCH PROGRAMS IF THEY ARE OFFERED TO YOU? _____	
IF REQUIRED ARE YOU WILLING TO WORK? <input type="checkbox"/> NIGHT SHIFTS <input type="checkbox"/> SPLIT SHIFTS <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> ON CALL	
✓ Tick for YES	

I declare that all statements which I have made on this form are true to the best of my knowledge and belief, and I understand that any mis-statement of material facts may affect the success of this or any future employment application with this or any associated company. I also confirm that I am able to maintain the required standards of safety, courtesy and neatness at all times and observe all rules and policies of the company, including Duty of Care of Company Property, Equipment and Monies.

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

Date: / /