



ABLETT'S TRANSPORT IS AN EQUAL OPPORTUNITY EMPLOYER

Completed and signed applications to PO Box 82, Queanbeyan NSW 2620 / Fax (02) 6297 7567 / Email duncan.ablett@abletts.com.au

APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN BLOCK LETTERS

STRICTLY CONFIDENTIAL

Surname: _____	Given Names: _____
Date of Birth: _____	Phone Number: _____
Position applied for: _____	Today's Date: _____
Home Address: _____	
Marital Status: _____	No. of Children: _____
Next of Kin: _____	NoK Phone No: _____

GENERAL DETAILS

Licence No: _____	Class: _____	Expiry: _____
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In what year did you obtain your current licence: _____

Do you have a forklift licence? Yes No

Blue Card? Yes No

Do you own a vehicle? Yes No

MSIC Card? Yes No

Dangerous Goods Licence? Yes No

Have you ever had your licence cancelled? Yes No

If yes, please give details: _____

Please list points lost on licence with dates: _____

Highest Level of Education: _____

Other Licences, Certificates or Tertiary Qualifications Held: _____

Have you ever been charged or convicted with any criminal offence? Yes No

If yes, give details of each offence: _____

NOTE: The fact that you have been convicted with a criminal offence may not necessarily mitigate against your employment – each employee will be treated on his or her own merits

Are you a Financial Union Member? Yes No

Name of union: _____ Roll No: _____

List all motor vehicle accidents in the past three years – give details, cost and name of employer:

Date	Employer	Details – damage to vehicles/property	Approx Cost

EMPLOYMENT HISTORY

Current/Most Recent Employer: _____

Employed from: _____ To: _____

Phone: _____ Position Held: _____

Reason for leaving: _____

Second Most Recent Employer: _____

Employed from: _____ To: _____

Phone: _____ Position Held: _____

Reason for leaving: _____

Third Most Recent Employer: _____

Employed from: _____ To: _____

Phone: _____ Position Held: _____

Reason for leaving: _____

Ablett's Transport Pty Ltd may contact your previous employers for references. If you have any objections, please state your reasons: _____

In respect of any previous employment, have you been a party to any legal action? Yes No

If yes, please provide full details: _____

MEDICAL HISTORY

IMPORTANT

Failure to disclose a pre-existing Medical condition may result in immediate action upon discovery.

What is your general state of health? _____

Have you ever had any form of injury to your back? Yes No

Have you ever had any form of injury to your shoulders? Yes No

Are you currently receiving any Worker's Compensation? Yes No

If yes, please specify: _____

Please give details of any previous Worker's Compensation claims:

Date	Employer	Details of Injury	Time away from work

Ablett's Transport Pty Ltd shall require your permission to seek details of previous workers' compensation claims. If you have any objections, please state your reasons:

Ablett's Transport Pty Ltd shall require you to undergo a medical examination. If you have any objections, please state your reasons:

Do you experience or have you experienced any of the following conditions of ill health?

- | | | | |
|---------------------|--|---------------------------------|--|
| Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | Speech Defects | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> | Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> | Lumbago / Back Pain / Neck Pain | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sleep Apnoea | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bending or Lifting Limitations | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sinusitis | Yes <input type="checkbox"/> No <input type="checkbox"/> | Spinal or Back Injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any Sleep Disorders | Yes <input type="checkbox"/> No <input type="checkbox"/> | Head Injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Visual Defects | Yes <input type="checkbox"/> No <input type="checkbox"/> | Eczema | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Loss of Hearing | Yes <input type="checkbox"/> No <input type="checkbox"/> | Arthritis | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blood Pressure | Yes <input type="checkbox"/> No <input type="checkbox"/> | Rheumatic Fever | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blackouts | Yes <input type="checkbox"/> No <input type="checkbox"/> | Gastric Ulcer | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Break Down | Yes <input type="checkbox"/> No <input type="checkbox"/> | Duodenal Ulcer | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mental Disorders | Yes <input type="checkbox"/> No <input type="checkbox"/> | Abdominal Trouble | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Nervous Disorders | Yes <input type="checkbox"/> No <input type="checkbox"/> | Hernia | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Kidney Disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | Respiratory Troubles | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Other: Yes No Please Specify: _____

The following is a questionnaire intended to gauge your knowledge of OH & S, in relation to the transport industry. The results of this questionnaire will not affect your employment prospects with the company, but will give us an indication of the training required to become a diligent operator in accordance with *TruckSafe* and industry requirements.

Please tick (✓) to indicate your level of experience in relation to the following general transport tasks.

	Nil	Limited	Moderate	Extensive
<u>MACHINERY:</u>				
Two speed Diff.				
Road Ranger Gearbox				
Semi Trailers				
B-Double or Road Train				
Truck-mounted cranes				
Truck-mounted Forklifts				
Tail-gate loaders				
<u>EQUIPMENT:</u>				
Dogs & chains				
Gates				
Flat-tops				
Tautliners				
Straps & binders				
Ply packing				
Tarp protection packing				
General truck & trailer R & M				
<u>FREIGHT:</u>				
Timber				
Timber products (board/frames/logs etc)				
Steel				
Steel products (coils/drums etc)				
Grocery/variety				
Produce				
Machinery				
Bulk (wool, bulka bags – rice, salt)				
Paper reams				
Over dimension loads				
Dangerous goods				

TERMS AND CONDITIONS OF EMPLOYMENT

1. I understand that my appointment is conditional on a Medical Practitioner certifying me physically fit for employment with Ablett's Transport Pty Ltd, in accordance with TruckSafe requirements.
2. I understand that employment is in accordance with the relevant award or registered Industrial Agreement or Enterprise Agreement governing Ablett's Transport Pty Ltd.
3. I agree to abide by all plant Work Health and Safety regulations and instructions.
4. I am prepared to wear any Personal Protective clothing that may be supplied by Ablett's Transport Pty Ltd.
5. I agree to undertake all necessary training identified by Ablett's Transport Pty Ltd for purposes of increasing my own performance.
6. I understand that at all times my blood alcohol content will not be greater than the statutory limits set from time to time and that it is company policy that alcohol is not to be consumed between commencement hours and finishing hours on any working day including the times designated as unpaid meal breaks.
7. If, for any reason, my licence is suspended or cancelled whilst employed by Ablett 's Transport Pty Ltd, I agree to inform Ablett 's Transport Pty Ltd within 24 hours. I understand that failure to do so is a dismissible offence.
8. I agree that an authorised company representative may seek evidence of my driving and licensing record at any time.
9. I agree to undertake all tasks as required by TruckSafe and NHVAS standards, including daily vehicle inspections, and Fault Reporting.
10. I understand that any offer of employment is based on the accuracy of information contained in this application. I understand that failure to answer accurately is a dismissible offence.
11. I agree to abide by all Ablett's Transport Pty Ltd rules and policies, as published in the Drivers Procedures Manual and the Policy and Procedures Manual.

UNAUTHORISED ABSENCE: If any employee is absent without permission, the management could consider it the employee's intention not to resume work, and therefore put another person in the position.

To the best of my knowledge, information supplied is accurate and true. I note that my appointment may be terminated if any statement is found to be wilfully incorrect.

Applicant's name:

Applicant's signature:Date:.....

Witnessed: Name & Position: