

Application for employment – Truck Driver

Date of application:		Position applied for:	
Family name:		Given Names:	
Address			
Street:			
Suburb:			
Post code:			
Telephone			
Home		Mobile:	Work:
Date of Birth (Optional):		Age:	
Licence Number:		Class:	
Expiry Date:			
Do you hold a Driver's Authority?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State of Issue:		Number of years held:	
<i>Attach a photocopy of Driver's Licence and Authority, if possible, to speed processing of application.</i>			
Please state whether you have been convicted for any of these offences in the last 5 years.			

Have you been convicted of any of the following:

Alcohol related offences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug offences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negligent driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dangerous driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Culpable driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other criminal offences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been involved in any accidents in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a licence declined or cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, please specify:		

Please list record of work (in relation to truck driving) commencing with your most recent employer/contractor, over the past 10 years

Name of Employer	Type of operations/Job Description	Type of Truck*	No. of years employed

* LR, MR, HR, HC, MC

Referees

Name	Position	Company	Contact Number

N.B. You will be advised where previous employers may need to be contacted.

I hereby declare that the above particulars and statements are correct and that I have not withheld any relevant information.

Signed:

Date:

