



Employee Entry Qualifications

Employee Name:			
Location:		Position:	

Educational Qualifications	Date	Institution/RTO

Work Experience Summary:

Drivers Licence Summary:

Number	State	Expiry Date	Class					
			C <input type="checkbox"/>	LR <input type="checkbox"/>	MR <input type="checkbox"/>	HR <input type="checkbox"/>	HC <input type="checkbox"/>	MC <input type="checkbox"/>
			C <input type="checkbox"/>	LR <input type="checkbox"/>	MR <input type="checkbox"/>	HR <input type="checkbox"/>	HC <input type="checkbox"/>	MC <input type="checkbox"/>
			C <input type="checkbox"/>	LR <input type="checkbox"/>	MR <input type="checkbox"/>	HR <input type="checkbox"/>	HC <input type="checkbox"/>	MC <input type="checkbox"/>
			C <input type="checkbox"/>	LR <input type="checkbox"/>	MR <input type="checkbox"/>	HR <input type="checkbox"/>	HC <input type="checkbox"/>	MC <input type="checkbox"/>
Additional class/s required for position			C <input type="checkbox"/>	LR <input type="checkbox"/>	MR <input type="checkbox"/>	HR <input type="checkbox"/>	HC <input type="checkbox"/>	MC <input type="checkbox"/>

C: Car, LR: Light Rigid, MR: Medium Rigid, HR: Heavy Rigid, HC: Heavy Combination, MC: Multi Combination

Forklift Operator Licence:

Number	State	Expiry Date	Class



Additional class/s required for position			

Other Qualifications:

	Reference	State	Expiry Date
Dangerous Goods (Bulk)			
Fatigue Management			
First Aid			
Ancillary Equipment (1)			
Describe:			

Supervisor:

Date:

Signature:

Driver:

Date:

Signature: