

Employment Application Form

| | | |
|------------|----------------|---------|
| First Name | Middle Name(s) | Surname |
|------------|----------------|---------|

Residential _____ Postal _____
 Address _____ Address _____
 Mobile: _____ Date of Birth _____
 Email: _____@_____

Type of Employment: Local Driver Line haul Driver Admin Forklift Wash bay
 Mechanic other: _____

Employment Preference: Full Time Part Time Casual Other: _____

Location: Wingfield Virginia Sydney Melbourne Other: _____

License: Car LR MR HR HC MC Forklift Forklift Expiry: _____
 Driver's License Number: _____ State of Issue: _____ Expiry Date: _____

Driving Experience:

| Vehicle Class | Type of Work (Tipper, Fridge, General) | # Years' experience | What Years |
|---------------|---|---------------------|------------|
| | | | |
| | | | |
| | | | |

Have you ever had your Drivers License cancelled or suspended? Yes No
 If yes Provide Details: _____

Have you ever been charged with a criminal offence? Yes No
 If yes Provide Details: _____

Do you agree to provide a demerit point report upon request? Yes No
 If No Why? _____

Education:

| Completed | Institute | Year |
|-----------|-----------|------|
| | | |
| | | |
| | | |

Emergency Contacts:

Full Name: _____ Relationship _____

Mobile: _____

Full Name: _____ Relationship _____

Mobile: _____

Employment History:

Employer 1

Company: _____ Location: _____

Job Title: _____ Can Contact Employer: Yes No

Period of Employment: ____/____/____ to ____/____/____

Reason for leaving: _____

Employer 2

Company: _____ Location: _____

Job Title: _____ Can Contact Employer: Yes No

Period of Employment: ____/____/____ to ____/____/____

Reason for leaving: _____

Employer 3

Company: _____ Location: _____

Job Title: _____ Can Contact Employer: Yes No

Period of Employment: ____/____/____ to ____/____/____

Reason for leaving: _____

Health:

1. In most positions within Collins Transport Group there is a high degree of physical demand. Is there any previous or current medical conditions that would affect your employment with us? Yes No
If yes, Please provide details _____
2. Do you have any medical conditions or allergies? Yes No
If yes, Please provide details _____
3. Are you taking any medication prescribed by a General Practitioner/Doctor? Yes No
If yes, Please provide details _____
4. Do you agree to undertake a pre-employment medical and other medical examinations (including Drug and Alcohol analysis or functional capacity testing) as required as part of your employment? Yes No

Declaration

I, _____ declare the information provided by me to Collins Transport Group in relation to this application is true and correct. I authorise the company to obtain such information it considers necessary to verify the information contained within.

I understand that any offer of employment is conditional upon successful completion of the recruitment process including any medical exams the company deems necessary.

I understand any false or misleading information given in this application will be sufficient cause for rejection of this application or instant dismissal if employed

Signed: _____ Date: ____/____/____