



## Transit Australia Group

All correspondence to: PO Box 3036 Robina QLD 4230 AUSTRALIA  
Head Office: 43 Commerce Drive Robina QLD 4226 AUSTRALIA

### TRANSIT AUSTRALIA GROUP

# APPLICATION FOR EMPLOYMENT

*The information supplied in this document will remain strictly confidential between the applicant and this Company*

### PERSONAL DETAILS

Position Applied For:		Date:
Surname:	Given Names:	Preferred Name:
Present Address:		Home Ph:
Suburb:	State:	Post Code:
E-mail address:		Mobile Ph:

### EMERGENCY CONTACT

Name:	Home / Business Address:
Contact No:	Relationship:

### LICENCE DETAILS

Do you hold a current driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licence No:	Class:
What level of licence do you hold?	Expiry Date:	State of Issue:

### EDUCATION AND TRAINING

School, College, Institute, University etc:		Location:	
From:	To:	Standard Reached / Qualifications Obtained:	
Certificate Training / Institution:		Location:	
From:	To:	Certificate obtained:	Copy Attached: Y <input type="checkbox"/> N <input type="checkbox"/>
Apprenticeship:	Employer:	Location:	
Other qualifications, training or special skills:			

### HEALTH



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Do you have / have you had trouble with your:	Back / Neck <input type="checkbox"/> Yes <input type="checkbox"/> No	Wrist / Elbows <input type="checkbox"/> Yes <input type="checkbox"/> No	Ankles / Knees <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
Have you ever injured yourself at work or suffered an industrial disease? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any physical impairment which would prevent the wearing of personal protective equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes" to any questions above, please give details:				
I agree to undertake a pre-employment medical (by a Company assigned GP) should this be required prior to any offer of employment to ascertain my medical suitability for the inherent requirements of the position. <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>EMPLOYMENT HISTORY (or please attach your C.V)</b>				
Company Or Employer Name	Position Held	From	To	Reason for Leaving
Do you have copies of references from these employers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If necessary are you willing to:	Work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work night shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work split shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICANT'S DECLARATION</b>				
I declare that all statements which I have made on this form are true to the best of my knowledge and belief, and understand that any misstatement of material facts may affect the success of this or any future employment application with this Company. I further understand that failure to provide information or falsely stating any information may result in termination of employment. I further understand and accept that my roster (if applicable) may be changed at any time with due regard to relevant awards and/or enterprise agreement conditions.				
I also accept that I may be required to undertake a pre-employment medical examination by a Company-appointed GP prior to commencing employment. This pre-employment medical will be based around the inherent requirements of the position/s applied for, and any information will be made available to the Company prior to any offer of employment. I also confirm that I am able to maintain the required standards of fitness, safety, courtesy and neatness at all times and observe all rules and policies of the Company including due care and responsibility of Company property, equipment and monies. I agree to actively participate in random drug and alcohol testing as required.				
Signature:		Date:		
<b>OFFICE USE ONLY</b>				
Start Date:	Classification:	Award/EA:	Base Wage:	
Special Conditions (if any):				



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