



Please complete all sections

PERSONAL DETAILS

Name: _____ Date: _____
 Address: _____

 Date of Birth: _____ Phone No. (H): _____ Phone No. (M): _____
 Email Address _____

JOB AVAILABILITY & LOCATION

Position applying for: _____ Location: _____
 Full Time Part Time Casual I agree to work rostered/shift work or overtime if required? YES NO
 Able to work any day of the week? YES NO (please explain) _____
 Registered with an employment agency? YES (provide details) _____ NO

JOB CAPACITY

Fit and able to undertake the basic requirements of the position you are applying for? YES NO
 Can Richers Transport Pty Ltd make any modifications to equipment to enable you to do this job safely given any medical condition or impairment you may have?
 YES (provide details) _____ NO
 Do you have a pre-existing injury or condition that may be aggravated by the inherent requirements of the position? YES NO

LICENCES (All relevant licences are required to be sighted and photocopied at interview)

Drivers Licence No.: _____ Sate of Issue: _____
 Classes: _____ Renewal Date: _____
 Demerit Points Remaining _____ Driving Record Attached? YES NO
 Forklift Licence No.: _____ Expiry Date: _____
 Other Licences: _____
 (please detail) _____

SPECIAL SKILLS OR TRAINING (Applicable to employment – e.g. mechanical or trade qualifications)

DRIVING HISTORY (Please provide details of any driving incidents, accidents and infringements within the last 5 years)



EDUCATION

School/College Name: _____

Level/Award Attained: _____ Year Completed: _____

University/TAFE Name: _____

Level/Award Attained: _____ Date Graduated: _____

Other Qualifications: Type: _____ Year Completed: _____

Type: _____ Year Completed: _____

Type: _____ Year Completed: _____

PERSONAL REFERENCES (Please list persons we may contact – please include telephone contact details)

Name: _____ Phone No.: _____

Address: _____

Relationship: _____

Name: _____ Phone No.: _____

Address: _____

Relationship: _____

EMPLOYMENT HISTORY (Start with most recent)

Employer: _____ From: _____ To: _____

Supervisor Name/s: _____ Phone No.: _____

Location: _____ State: _____

Duties: _____

Reason for Leaving: _____

May we contact employer at above phone number? YES NO

Employer: _____ From: _____ To: _____

Supervisor Name/s: _____ Phone No.: _____

Location: _____ State: _____

Duties: _____

Reason for Leaving: _____

May we contact employer at above phone number? YES NO



Richers Transport
'On The Road To ZERO Harm'
 Application for Employment

FRM – 0024
Version: 05

Employer: _____ From: _____ To: _____
 Supervisor Name/s: _____ Phone No.: _____
 Location: _____ State: _____
 Duties: _____
 Reason for Leaving: _____

May we contact employer at above phone number? YES NO

Employer: _____ From: _____ To: _____
 Supervisor Name/s: _____ Phone No.: _____
 Location: _____ State: _____
 Duties: _____
 Reason for Leaving: _____

May we contact employer at above phone number? YES NO

Have you worked for Richers Transport previously? YES (provide details) _____ NO

APPLICATION CHECKLIST

- All fields have been filled out
- Copy of 5 year traffic history attached (QLD Transport)
- Copy of licence/s attached
- Resume is attached (please read disclosure statement)

DISCLOSURE STATEMENT (Please read and sign below)

- The information provided by me in this application for employment is true and correct to the best of my knowledge.
- I understand that if I am employed, any deliberately misleading or false information found to be given in this application may result in my immediate dismissal.
- Employment is subject to a 6 months performance based probationary period.

I AGREE TO THE COMPANY'S EMPLOYMENT CHECKING PROCESS, AND TO UNDERTAKE A COMMERCIAL HEAVY VEHICLE DRIVERS MEDICAL EXAMINATION AND DRUG & ALCOHOL TEST AS PART OF THE SELECTION & RECRUITMENT PROCESS.

Applicant's Signature: _____ Date: _____

If the position you have applied for involves the operation of a vehicle, please ensure you complete the DRIVERS DECLARATION on the following page.

DRIVER'S DECLARATION for INSURANCE PROVIDER

(a) State your full name

Address Postcode

(b) Date of Birth

(c) What Licence/s do you currently hold?
 Class Date obtained State of Issue

Have You previously driven prime movers or other heavy vel Yes No If "yes" how long?

(d) Have during the last 5 years had any accident or fire happen to a vehicle under Your control? Yes No

If "Yes" give details

| DATE OF ACCIDENT | INSURANCE COMPANY | DETAILS OF ACCIDENT | CLAIMED \$ |
|------------------|-------------------|---------------------|------------|
| | | | |
| | | | |

(e) Have You during that past 5 years been charged and/or convicted w ith an offence in connection w ith the care, control, management or use of a motor vehicle or had a driving licence suspended or w ithdraw n Yes No

If "Yes" give details

| DATE OF CHARGE | NATURE OF CHARGE | PENALTY |
|----------------|------------------|---------|
| | | |
| | | |

(f) Have You ever been reported for, or charged w ith, or convicted of alleged drunkenness, or alleged use, or alleged possession of drugs? Yes No

If "Yes" give details

| DATE OF CHARGE | OFFENCE(S) | DETAILS |
|----------------|------------|---------|
| | | |
| | | |

(f) Have You ever been charged w ith, or convicted of any criminal offence of any kind w hatsoever, other than any offence described in (e) and (f)? Yes No

If "Yes" give details

| DATE OF CHARGE | OFFENCE(S) | DETAILS |
|----------------|------------|---------|
| | | |
| | | |

(h) Have You ever suffered from any physical defect, infirmity, impairment or affliction of sight or hearing or a fit of any kind Yes No If "Yes" give details and state if it is necessary to wear/use an artificial aid to drive the vehicle.

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| |

Drivers Declaration

I hereby agree that I will at the request of Austbrokers AEI Transport within fourteen (14) days of receiving notice thereof from the Commissioner of Motor Transport or the appropriate Authority, a complete and up-to-date record of offer respect of which I have been reported and/or charged and/or convicted in connection with or as a result of the drivin motor vehicle in any State or Territory of the Commonwealth of Australia or any other place and of all endorse suspensions or cancellations of any licence w hich I may have held entitling me to drive any motor vehicle and I hereby that if a dispute arises between me and the Austbrokers AEI Transport, I will not object to the admissibility in evic of such record or the truth of the matters contained therein.

DRIVERS SIGNATURE

DATE