



EMPLOYMENT APPLICATION

Position Details

Position Applied For			
Full Time	Part Time	Casual	Branch

Personal Details

Title	Surname	First Name	DOB
Address		Home Phone Number	Mobile Number
Emergency Contact Name		Relationship to you	Phone Number

General Details

License No	Licence Class/es		License Expiry Date	
Driving Experience (Years)	Body Trucks	Singles	B Doubles	Road Trains
Local Area Knowledge	Poor	Average	Good	Excellent
Have you had any vehicle accidents in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, list details of vehicle accidents				
<ul style="list-style-type: none"> • • • • 				
Please attach a copy of your record of driving history to this application.				
Forklift Certificate of Competency?	Number		Expiry Date	
Bulk Dangerous Goods Licence?	Number		Expiry Date	



Past Employment and Work Experience History

Present/Last Employer	Position Held	
Address	Contact Name	Contact Number
Duties		
Employed From	Employed To	
Reason for leaving		

2 nd Last Employer	Position Held	
Address	Contact Name	Contact Number
Duties		
Employed From	Employed To	
Reason for leaving		

3 rd Last Employer	Position Held	
Address	Contact Name	Contact Number
Duties		
Employed From	Employed To	
Reason for leaving		



Medical History

General Health	Poor	Below Average	Average	Above average	Excellent
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Workers Compensation Claims

Have you made any workers compensation claims in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details
Are you currently receiving a Workers Compensation payment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details
Do you have any claims pending against former employers related to the Workers Compensation Act? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details

Are you currently being treated for OR have you had any of the following:

Head Injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Epilepsy/Fits/Dizziness	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Neck Injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Severe Headaches	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Back Injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>	High Blood Pressure	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Backache	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Artery or Vein Problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Arm/Wrist/Hand Injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Asthma	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Leg/Knee/Foot Injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Respiratory Problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Any other bone injury	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Lung Disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Swollen Joints	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Emphysema	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Rheumatism/arthritis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Heart Disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Visual Defects	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Depression	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Ear or throat problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Anxiety	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Speech problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Other Mental Illness	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Sinusitis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Cancer or Tumour	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Hernia	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Blood Disorder	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Abdominal Trouble	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Indigestion/Ulcers	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Overactive thyroid gland	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Liver Disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Underactive thyroid gland	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If yes to any of the above, please provide further details

Important – failure to disclose a pre-existing medical condition may result in immediate dismissal due to non disclosure



Training and Education

High School		
Level Completed		Year of Completion
Other Courses	Course	Year of Completion
Certificate III/IV		
Diploma		
Degree		
Other		
Other		
Other		

Conviction and Offences

Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details
Have you ever been convicted? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details

Kurtz has the discretion to ask any employee who ticks yes they have been arrested or committed an offence, to apply for and provide a 'police certificate' at their own expense.



Important Notes For All Applicants

With regard to this application and the Privacy Act 1988, it is agreed and understood that:

1. Completing this application will not assure employment by STEF'S Transport Pty Ltd.
2. This application was completed by me; all entries on it and information in it are true, correct and complete to the best of my knowledge. I understand that any misrepresentation of information given shall be considered an act of dishonesty and that any falsification or misrepresentation could result in my employment being terminated by STEF'S Transport Pty Ltd.
3. I will furnish any information or documents reasonably required by STEF'S Transport Pty Ltd.
4. I hereby authorise STEF'S Transport Pty Ltd to investigate my previous record of employment for the purposes of verification of the information provided in this application.
5. In the event of my leaving STEF'S Transport Pty Ltd for any reason, I authorise STEF'S Transport Pty Ltd to answer any and all enquiries from prospective employers. Answers to such questions will be limited to my reasons for leaving, my conduct, experiences and qualifications whilst employed by STEF'S Transport Pty Ltd.
6. I agree that upon ceasing employment by STEF'S Transport Pty Ltd either voluntarily or involuntarily, I will return all company property. Otherwise, I understand the cost of the unreturned property will be deducted from my final pay and/or accrued entitlements.
7. If STEF'S Transport Pty Ltd requires, I consent to undertake a medical examination at the expense of STEF'S Transport Pty Ltd and I authorise the release of any relevant information associated with any pre-existing condition/ailment to STEF'S Transport Pty Ltd, provided that such information is relevant to my employment.
8. If offered employment with STEF'S Transport Pty Ltd, I understand that my employment conditions are as expressed in my Letter of Appointment, STEF'S Transport Pty Ltd General Safety Induction, STEF'S Safety Management System, Policy Manual, Standard Operating Procedures, NHVAS and other company manuals and documents. I will be given access to these documents and manuals on commencement of employment at STEF'S Transport Pty Ltd.
9. I acknowledge failure to disclose full criminal history may result in my instant dismissal.
10. In the event that I am not employed by STEF'S Transport Pty Ltd on this occasion I authorise STEF'S Transport Pty Ltd to retain this Employment Application on file for up to 12 months.
11. My employment is confirmed only when I receive a duly completed Letter of Appointment signed by a member of STEF'S Transport Pty Ltd management and I have completed a Company and Site Induction.
12. I am responsible for paying for any fines or penalties incurred whilst driving STEF'S Transport Pty Ltd nominated vehicles.
13. I will not disclose any confidential information obtained during my employment with STEF'S Transport Pty Ltd except that which is in the public domain or that I am required to disclose as a matter of law.

I have read, understood and agree to all of the above

Declaration of Applicant

I declare that the answers to the foregoing questions are to the best of my knowledge true, correct and complete in every particular. If the employment application is successful, I understand that any false declaration made by me in the application subjects me to instant dismissal.

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Applicants Signature

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Date