



## EMPLOYMENT APPLICATION FORM

Erase form:

PERSONAL INFORMATION			
Surname:			
First Name:			
Address:			
Suburb:		Postcode	
Home Ph:		Mob Ph:	
Email:			
D.O.B:			
Do you recognize as Aboriginal or Torres St Islander? Yes / No			

Position Applied for:	
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Qualifications relevant for this role:	

Please provide summarised detail why you believe you are suitable for this role:

Are you an Australian Citizen	Yes	No
Are you a Permanent Resident of Australia	Yes	No
If you are not an Australian Citizen or Permanent Resident of	Yes	No

Australia – do you have a Working Visa?		
Visa Details	Visa Type:	Exp:

<b>WHAT IS YOUR AVAILABILITY</b> <b>(DRIVERS REQUIRED FIVE OVER SEVEN DAY FLEXIBLE ROSTER)</b>							
<b>Please Tick</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>
	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>

Bus Driver/Cleaner applications only				
Drivers Licence Class	MR	HR	HC	MC
Drivers Licence Number				
Drivers Authorisation Class	BHTX		GENR	RSTR

<b>PLEASE PROVIDED THE FOLLOWING</b>				
1. Drivers Licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Drivers Authority (required, bus/yard drivers only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Resume	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Proof that you can legally work in Australia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Recent TMR Driving licence history check (required Drivers and Yard)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>DRIVING HISTORY</b>		
Do You have recent heavy vehicle driving experience?	<b>Yes</b>	<b>No</b>
<b>BUS DRIVER FITNESS REQUIREMENTS</b>		
Do you weigh more than 130kg?	<b>Yes</b>	<b>No</b>

Do you have any injuries or medical conditions that is/are likely to affect your work or be aggravated by your duties as a bus driver?	<b>Yes</b> I have a pre-existing condition which could affect my driving	<b>No</b> I do not have a pre-existing condition which could affect my driving
If you answered ' <b>Yes</b> ' please provide details:		
I acknowledge that if I supply false or misleading information; my appointment or continued employment may be affected.	<b>Yes</b>	

<b>EMPLOYMENT HISTORY</b>	
Company Name:	
Position Held:	
Period of Employment:	
Reason for leaving:	
Company Name:	
Position Held:	
Period of Employment:	
Reason for leaving:	
Company Name:	
Position Held:	
Period of Employment:	
Reason for leaving:	
<b>REFEREES</b>	
<i>MUST be a MANAGER or SUPERVISORY ONLY, from within the last 5 years</i>	

Name of Referee:			
Company:			
Contact Ph:			
		Position:	
Name of Referee:			
Company:			
Contact Ph:			

EDUCATION AND TRAINING	
Qualification Name <i>(Attach copy of qualification)</i>	Date Completed

TERMS OF EMPLOYMENT	
<b>Employment</b>	Based on role requirements - Permanent, Part-time and Casual basis
<b>Probation</b>	6 months
<b>Hours of Work</b>	Dependent on position
<b>Rate of Pay</b>	Award or Enterprise Agreement
<b>Pay</b>	Weekly – EFT Electronic payslips via email
<b>Uniforms</b>	Supplied
<b>Fitness for Work Policy</b>	Required to attend fit and ready for work. Zero tolerance to drugs and alcohol. Drug and alcohol policy in place. Random testing occurs.

<b>Superannuation</b>	Company default or your own choice
<b>Annual Leave</b>	As per NES
<b>Personal/Carer's Leave</b>	As per NES

I read the Terms of Employment

<b>APPLICANT DECLARATION</b>	
1.	I understand that if I give a false or misleading answer to any question on this application: I will, if accepted for employment, be liable for immediate dismissal without notice.
2.	I am prepared to undertake a medical examination by a doctor nominated by Clarks.
3.	I accept that if employed; I may be required to undertake drug and alcohol screening including random screening through the course of my employment and authorise the company to undertake such screenings.
4.	I have read through all accompanying application related documents provided to me and am able to fulfil the inherent requirements of the role.
5.	I authorise Clarks to contact my referees.

<b>Applicant's Signature:</b>	
<b>Date Completing Application:</b>	/ /      Send:

<b>INTERNAL USE ONLY</b>				
Application viewed by				
Interview Date				
Driver Assessment				
Pre-Employment Driver Medical Check				
Employ	Yes		No	