



## Truck Driver's Employment Application Form

(This must be completed in addition to the standard Application Form)

Name:

Address:

Phone

Mobile

Licence details (Licence details will be verified in accordance with State requirements)

Number ..... Class  Expiry .....

State of Issue  No. of years you have held this class

State whether you have had any convictions in the past 5 years for

Alcohol	No	Yes	No	Dangerous Driving	Yes	No
Drug Offences	Yes	No		Culpable Driving	Yes	No
Negligent Driving	Yes	No		Criminal	Yes	No
Have you been involved in any accidents in the last 5 years?					Yes	No
Have you ever had a licence declined or cancelled?					Yes	No
If you answered Yes to any of the above, please give details of offences and/or court appearances						

List record of work (in relation to truck driving) commencing with your most recent employer/contractor, over the last 10 years

Employer name	Job Description	Years employed

I declare that the above particulars and statements are true and correct and that I have not withheld any relevant information

Signature .....

Date ...../...../.....



### Confidential Medical Questionnaire

	Do you suffer from or have suffered from any of the following:	Yes	No	Medication/Treatment Details
1	Alcohol or drug dependencies?			
2	Asthma, Hay Fever, Sinusitis, Bronchitis, Breathlessness?			
3	Allergy to any drugs, substances, foods, materials, climate or dust?			
4	Migraine or severe headaches?			
5	High or low blood pressure?			
6	Skin problems, rashes, reactions to substances, dry skin, allergy to bites or stings, or drugs?			
7	Infectious diseases, eg Hepatitis, Chickenpox, Measles?			
8	Have you had any vaccinations (including childhood vaccinations) eg for			
9	Epilepsy, fainting fits or blackouts?			
10	Any history of serious illness or injury as a child or as an adult?			
11	Any fractures, joint pain or injury, muscular strain or sprain, tendon or ligament trouble, back injury or back pain?			
12	Any problems with varicose veins or feet problems, bunions, swollen ankles?			
13	Ear infections, injuries or hearing loss?			
14	MVA, sporting injuries, work related injury or illness?			
15	Any claim for injury or occupations illness?			
16	Have you ever worked in dusty or noisy conditions?			
17	Injury involving repetitive movements or repetitive lifting or heavy lifting?			
18	Are you presently on any medications?			
19	Have you ever undergone any operations?			

**Declaration**

I declare that the above information is accurate to the best of my knowledge. I understand this information is required to ensure the health and safety of myself in carrying out my duties.

If the information given above requires the company to have my treating doctor's approval to perform the tasks, I agree to provide the company a letter from my doctor stating this to be.

Signature .....

Date ...../...../.....





**(Application for Employment continued)**

Have you ever been convicted of any criminal offence? Yes/No

If yes, state particulars .....

Are you on a prohibited list of working with children? Yes/No

**PHYSICAL RECORD**

Have you ever received any serious injury? Yes/No

Have you ever had any serious illness? Yes/No

Have you any deformity or physical impairment? Yes/No

Is your eyesight or hearing in any way deficient? Yes/No

Do you have any pre-existing injuries or illness? Yes/No

Have you ever applied for Worker's Compensation? Yes/No

If you have answered Yes to any of the previous physical record questions, please state particulars

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**TO BE READ AND SIGNED BY ALL APPLICANTS**

It is agreed and understood that:

1. Completing this application will in no way assure that I will be employed.
2. This application was completed by me; all entries on it and information on it are true and complete to the best of my knowledge and any misrepresentation of information given shall be considered an act of dishonesty and I understand that any falsification or misrepresentation herein could result in my discharge in the event that I am employed by Whybirds Removals. I will furnish freely any such information or documents that may be required to complete my employment file.
3. I hereby authorise Whybirds to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employer from all liability for any damages on account of furnishing such information.
4. In the event of my leaving Whybirds for any cause I authorise Whybirds to answer any and all enquiries as to my conduct and qualifications while working for the company, and reason for leaving.
5. I agree that whenever I leave Whybirds either voluntarily or involuntarily, I will return all company property. Otherwise, I understand the cost is to be paid by me.
6. Where necessary, I understand that Whybirds will require me to complete a Consent form to undergo a screening process in line with the Child Protection (prohibited Employment) Act 1998.
7. If Whybirds requires I consent to undertake a medical examination at the Company's expense and I authorise the release of any relevant information associated with any pre-existing condition/ailment to the Company, provided that such information is treated with sensitivity and confidentiality.
8. If Whybirds requires, I consent to undertake a drug test that is required for entry into certain work places.
9. If offered employment with Whybirds, I understand that my employment conditions are as expressed in the Policies, Procedures and Standard Conditions of Employment which are contained in the **Employment and Safety Handbook**. This handbook will be issued to me on commencement of employment for my information and acknowledgement.

Signature ..... Date ...../...../.....

Office use only:

Comments .....