



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____

WHEN COULD YOU COMMENCE _____

SURNAME _____ GIVEN NAMES _____

ADDRESS _____

SUBURB _____ POST CODE _____

PHONE: HOME _____ MOBILE _____

EMAIL _____

DATE OF BIRTH _____ GENDER **MALE / FEMALE**

ARE YOU AN AUSTRALIAN CITIZEN? **YES / NO**

ARE YOU AVAILABLE FOR SHIFT WORK? **YES / NO**

WEEKEND WORK? **YES / NO**

PUBLIC HOLIDAYS? **YES / NO**

NEXT OF KIN/ EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

PHONE _____

QUALIFICATIONS AS A DRIVER

DRIVER LICENCE NUMBER/ LICENCE CLASS AND STATE OF ISSUE:		DRIVER CERTIFICATE/ AUTHORITY NUMBER:	
DATE OF EXPIRY:		DRIVER CERTIFICATE/ AUTHORITY EXPIRY:	

CURRENT ENDORSEMENTS: *(Please specify)* _____

Please attach to this application form a copy of your current driver licence and current driver accreditation certificate.

Are you aware of any reason why your driver licence or your driver certificate/ authority may be affected or revoked? (E.g., any legal matters – pending or otherwise; illness etc)

YES / NO

If **YES**, please describe the circumstances.



Have you ever been charged, found guilty or convicted of a criminal, traffic or other offence (excluding parking offences) by a court of law or by infringement notice within the last 5 years?

YES / NO

If YES, Provide details of the offences and indicate if any charges are pending or currently awaiting trial. If there are no prior charges or offences then write NIL in the space provided.

Date	Charge(s)	Penalty

Note: If you are unable to maintain appropriate drivers licence, or driver certificate/authority you are in our view unable to perform the inherent requirements of the job as a driver, and your employment will be terminated.

WORKING WITH CHILDRENS CARD

Do you currently hold a Working With Children Card? **YES / NO**

If 'YES', please attach a copy of the card and complete the following details:

WORKING WITH CHILDREN CARD NUMBER AND STATE OF ISSUE:		DATE OF EXPIRY:	
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If 'NO', have you been charged or found guilty of any offence that may prevent you from securing a Working With Children Card?

YES / NO

If YES, please provide the details.

Note: If you are unable to secure and maintain your Working With Children Card, you are in our view unable to perform the inherent requirements of the job as a bus driver, and your employment will be terminated.

EMPLOYMENT HISTORY

PARTICULARS OF EMPLOYMENT DURING LAST 5 YEARS

Please provide details of previous employment starting with your most current employer first:

EMPLOYERS NAME	ADDRESS	PERIOD		POSITION	REASON FOR LEAVING
		FROM	TO		



Please provide two job related (supervisor or manager position) referees of whom we may contact.

Name	Company	Position	Phone Number

If you are currently UNEMPLOYED, state the length of unemployment in months _____

Reason for unemployment _____

UNDERTAKINGS IN RESPECT OF REFERENCES

I understand that reference checks may be made, and that contact may be made with my current/previous employer(s).

I give permission for this to occur. _____ (Signature of applicant)

PAY DETIALS

As wages/ salaries are paid directly into bank accounts the following details are required:

BANK NAME _____ ACCOUNT NAME _____

BSB _____ ACCOUNT NUMBER _____

SUPERANNUATION DETIALS

SUPER FUND _____ USI _____

ACCOUNT NAME _____ MEMBERSHIP NUMBER _____

IF PRIVATE FUND:

ABN NUMBER _____ BSB NUMBER _____ ACCOUNT NUMBER _____

ACCOUNT NAME _____ MEMBERSHIP NUMBER _____

ESA _____

AUTHORITY TO DEDUCT (Uniform & Debts)

In the event of termination of employment I _____ authorise that Swan Hill Bus Lines can withhold from my termination payments any monies deemed owing under the following circumstances:

- A) To reimburse any outstanding uniform debts
- B) To reimburse for any outstanding accounts or invoices that I owe to SHBL at the time of my termination

This authority also extends to where SHBL is legally obliged to deduct from my wages in accordance with any government agency's written requests (e.g Child Support and CentreLink)

Signed _____ Date _____

DECLARATION:

I declare that to the best of my knowledge the information given on this form is true and correct and that if found to be false, the company has the right to terminate my services without notice or compensation.

APPLICANTS SIGNATURE _____ DATE _____



MEDICAL HISTORY

GENERAL STATE OF HEALTH _____

Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position?

In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly) If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?

YES / NO

If YES please provide details:

Do you have an existing injury or condition or pre-existing injury or condition that could be affected by the nature of the proposed employment?

Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s is present but treatment is not required. If yes please provide details of the injury or condition(s). If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?

YES / NO

If YES please provide details:

Have you ever made a Workers Compensation claim or Common Law claim against an employer?

YES / NO

If YES please provide details:

Do you have any known medical restrictions on lifting objects?

YES / NO

If YES please provide details:



Do you have any known medical restrictions on sitting for prolonged periods?

YES / NO

If YES please provide details:

DO YOU SUFFER FROM OR HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING COMPLAINTS?

(Please circle answer)

DEFECTIVE HEARING	YES / NO	BACK /NECK AILMENTS	YES / NO
DIABETES	YES / NO	MENTAL OR ANXIETY DISORDER	YES/ NO
GIDDINESS, BLACKOUTS, FITS OF ANY KIND	YES / NO	SHORTNESS OF BREATH OR CHEST PAINS ON EXERTION	YES / NO

Have you required consultation or medication for drug addiction or alcoholism?

YES / NO

If YES please provide details:

Are you currently on any prescription medication?

This information is required for Swan Hill Bus Lines prescribed medication register and it is employee's responsibility to inform management that they are taking the medication and the likely effects of the medication. Swan Hill Bus Lines places great importance on the confidentiality of all information associated with employee medical information. The information provided will only be used in relation to Drug and Alcohol testing, the information will not be used for any other reason. We will take all reasonable steps to ensure that Personal Information is protected from loss, misuse, interference, unauthorised access and disclosure. Employee information will be recorded in electronic form on the prescribed medication register and will only be accessible by authorised staff.

YES / NO

If YES please provide details

OFFICE USE		
Date Commenced:		Position:
Employment: Fulltime / Casual	Probation Period:	Cost Centre:

ALL APPLICANTS TO COMPLETE THE DECLARATIONS BELOW

IT IS AN INHERENT REQUIREMENT OF SUCH EMPLOYMENT THAT YOU HOLD AN APPROPRIATE AND CURRENT DRIVER LICENCE, CURRENT DRIVER ACCREDITATION CERTIFICATE/ DRIVERS AUTHORITY AND (IF REQUESTED) A WORKING WITH CHILDREN CHECK CARD.

Sign the declaration below once you have read and understood the following:

If your application is successful:

- Your offer of employment is subject to you providing your current driver licence, driver accreditation certificate/ drivers authority and (if applicable) working with children card to the employer prior to commencing. If you fail to provide the documentation as required or the documentation is no longer current, the offer of employment will automatically lapse.

If your application is successful and you have met the requirement in initial dot point above:

- You must provide your current driver licence, driver accreditation certificate/ drivers authority and (if applicable) working with children card to the employer on an annual (yearly) basis or upon request. If you fail to provide the documentation as required or the documentation is no longer current, this may result in the termination of your employment.
- In the event that you fail to renew your driver licence, driver accreditation certificate/ drivers authority and (if applicable) working with children card or they are cancelled for any reason, this may result in the termination of your employment.
- You must notify your employer of any illness, medical condition, criminal, traffic or other offence which may cause your driver licence, driver accreditation certificate/ drivers authority and (if applicable) working with children card to be cancelled or suspended, as soon as the condition or offence is known to you.
- Your employment is subject to a 6 month probationary period.
- You will train for and perform such other duties as may be required by the prospective employer to do and which are within your capabilities and skills.

Pre-Existing Injury Declaration:

(Please be advised that you have a requirement to disclose all known pre-existing injuries, illnesses and diseases. Failure to disclose this information may result in you being ineligible for future compensation claims.)

I declare that the information set out on this form is true and correct, and if successful, I understand that my employment may be terminated without notice for my failure to disclose truthful answers.

I am prepared to undertake any medical examination by a doctor nominated by the prospective employer.

If required to attend a medical assessment, I consent to:

- Swan Hill Bus Lines releasing the information about me that is contained in this form as is reasonably required to conduct the medical or other assessment(s) to the doctor, health practitioner or other expert conducting them; and**
- the doctor, health practitioner or other expert conducting the assessment(s) providing information to Swan Hill Bus Lines regarding my fitness for work and any related matters.**

I have read and understood or have had explained to me all the requirements specified above.

PRIVACY: Swan Hill Bus Lines is collecting personal information through an application process to enable the selection and recruitment of staff. Swan Hill Bus Lines and any persons engaged by them to assist in the selection and recruitment, may use and disclose your information for selection and recruitment purposes. This may include contacting referees, nominated by you. Please note that in the event that your application with Swan Hill Bus Lines is successful, the personal information that it holds about you which relates to your selection, recruitment and employment will become an employee record under the Privacy Act in respect of that information. Other statutory obligations may apply.

SIGNATURE OF APPLICANT: _____ DATE _____