

**Application for Employment – Once completed, Drop off form at the Depot or email through to [jobs@crouchtransport.com.au](mailto:jobs@crouchtransport.com.au)**

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Specify whether Full time, Part time or Casual work is sought: \_\_\_\_\_

Applicant's Surname \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**General Details**

Licence No: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Years Driving Experience: \_\_\_\_\_ Types of Vehicles You Hold a Licence for: \_\_\_\_\_

\_\_\_\_\_

B Double	YES / NO	How Long? _____
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Dangerous Goods Licence	YES / NO	Licence No: _____
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Forklift Licence	YES / NO	Licence No: _____
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Blue Card	YES / NO	Please attach copy
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MSIC Card	YES / NO	Please attach copy
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Training Courses Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Vehicle Accidents in the Last Five (5) Years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had your Licence Cancelled?: \_\_\_\_\_ If yes, please give details:

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List Points Lost & Dates: \_\_\_\_\_

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Have you supplied a copy of your RMS Driving Record YES / NO

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**Please list your last three (3) employers**

**Present/Last Employer:** \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Telephone: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Second Last Employer:** \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Telephone: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Third Last Employer:** \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Telephone: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Medical History

**IMPORTANT**  
**Failure to disclose a pre-existing Medical condition may result in immediate action upon discovery.**

What is your general state of health? \_\_\_\_\_

Have you ever had any form of injury, Workers Compensation related or otherwise?  
 \_\_\_\_\_

Please give details of previous Worker's Compensation Claims: \_\_\_\_\_  
 \_\_\_\_\_

Are you currently receiving any Worker's Compensation? \_\_\_\_\_

If yes, Please specify: \_\_\_\_\_  
 \_\_\_\_\_

Do you have any claims pending against former employers pursuant to an applicable Worker's Compensation? \_\_\_\_\_

If yes, Please specify: \_\_\_\_\_  
 \_\_\_\_\_

Do you experience or have you experienced any of the following conditions of ill health?

<b>Visual Defects</b>	<b>Yes/No</b>	<b>Speech Defects</b>	<b>Yes/No</b>
<b>Blackouts</b>	<b>Yes/No</b>	<b>Sinusitis</b>	<b>Yes/No</b>
<b>Break Down</b>	<b>Yes/No</b>	<b>Duodenal Ulcer</b>	<b>Yes/No</b>
<b>Diabetes</b>	<b>Yes/No</b>	<b>Blood Pressure</b>	<b>Yes/No</b>
<b>Rheumatic Fever</b>	<b>Yes/No</b>	<b>Eczema</b>	<b>Yes/No</b>
<b>Kidney Disease</b>	<b>Yes/No</b>	<b>Hernia</b>	<b>Yes/No</b>
<b>Lumbago / Back Pain / Neck Pain</b>	<b>Yes/No</b>	<b>Spinal Injuries/Back Injuries</b>	<b>Yes/No</b>
<b>Mental Disorders</b>	<b>Yes/No</b>	<b>Head Injuries</b>	<b>Yes/No</b>
<b>Loss of Hearing</b>	<b>Yes/No</b>	<b>Asthma</b>	<b>Yes/No</b>
<b>Epilepsy</b>	<b>Yes/No</b>	<b>Abdominal Trouble</b>	<b>Yes/No</b>
<b>Gastric Ulcer</b>	<b>Yes/No</b>	<b>Nervous Disorders</b>	<b>Yes/No</b>
<b>Allergies</b>	<b>Yes/No</b>	<b>Arthritis</b>	<b>Yes/No</b>
<b>Sleep Apnoea</b>	<b>Yes/No</b>	<b>Any Sleep Disorders</b>	<b>Yes/No</b>
<b>Any Condition which limits Bending or Lifting</b>	<b>Yes/No</b>	<b>Any Respiratory Breakdown</b>	<b>Yes/No</b>

Other: \_\_\_\_\_ Please specify: \_\_\_\_\_

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## Statement of Applicant

I \_\_\_\_\_ of \_\_\_\_\_

Declare that the information contained in this application for employment is true and correct in every detail, and understand that I may be subject to disciplinary action or dismissal should any part of the information given later be found to be untrue; and

that if my application for employment is successful I will be bound by, and at all times observe and respect all policies and terms and conditions of employment of the company as provided to me during an induction process and as varied from time to time.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_