



DRIVER APPLICATION for EMPLOYMENT

Name: **Date of Receiving Application:**

Date of Birth: **Mobile Phone Number:**

Thank you for your interest in applying for employment as a driver.

This document includes:

- an Employment Overview, and an
- Application Form

Employment Overview

The position of driver is very important. It is a "front line" position and, as such, much is expected from our drivers. As well as driving skills the position requires skills in presentation, group management and organisation.

Hours of Work

The hours of work are varied but limited by Fatigue Management legislation. Fatigue Management applies to the driver of any vehicle with a GVM of over 12 tonne or any bus with over 12 seats. It is important that you tell us if you have other 'driving' employment.

Responsibilities

You are required to carry out all lawful directions of the company to the best of your ability. You may be required to handle money and other valuables in the course of your employment - you are expected to be accountable for these valuables. If your application is successful we will train you in all aspects of the job.

Application Form

Please complete this Application Form **in your own hand writing** and return to Martins for evaluation. If your written application is successful you will be invited to attend an interview and driving test at which time you should bring your drivers license and any other qualifications.

False claims or declarations will result in this application being dismissed or your employment terminated.

Employment is dependent upon you holding the appropriate driver qualifications.



Personal Details

Family Name:	
Given Name:	
Address:	
Email address:	
Mobile phone number:	Home Phone Number:
Your Gender:	
Bus Driver Authority Number:	Expiry Date:
Driver's License Number:	State of issue
Class of License:	Expiry Date:
Does you current driver's license have any demerit points? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your license been suspended or any dangerous driving convictions in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had any traffic convictions involving the consumption of alcohol in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any pending issues, including medical which could result in your drivers' qualifications being changed in any way? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If your application is successful you may be required to supply a recent (5 Year) 'driver's license status report'. Do you agree to this? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a permanent resident of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a Working With Children (WWC) clearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, what State is this issued? (If applicable, please provide your WWC Number)	
What is your date of birth? (needed to validate WWC)	



Medical Details

Do you have any medical condition that could affect your standard of driving including a history of heart failure, diabetes, epilepsy, sleep disorder, muscular dystrophy, and stress or psychiatric? Yes No

If yes, details:

Do you agree to inform us immediately of any change in health or medication issues that could affect your duties as a driver? Yes No

Do you have any disability or impairment likely to affect your work, or could be aggravated by your work as a bus driver? Yes No

If yes, details:

Do you have any qualifications, experiences, hobbies or interests relevant to this position?

Driving History

Makes and types of heavy Vehicles driven:

Please provide details of any additional driving skills, qualifications or awards



Employment History

1) Present or Last Employer:	
Address:	
Position held:	Main duties:
Dates employed from:	to
Reason for leaving:	
Absences from work in past 12 months reasons:?	
2) Previous Employer:	
Address:	
Position held:	Main duties:
Dates from:	to
Reason for leaving:	

Please nominate a previous manager who we may contact as a referee.

Name:
Company:
Position:
Contact details:



Referee

Please nominate a non-relative who we may contact as a reference regarding your suitability for this position.

Name:
Position:
Contact No:

Other Relevant Information

Are you available for shift-work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available for weekend work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Union membership is optional and will not effect your application. Are you a member of a union If yes, which union?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please tell us anything else about yourself, including your highest school achievement, which may assist with this application.		

DECLARATION

I declare the statements in this application to be true in all aspects.

Signature... .. Date... ..

Applicant:

- Allow 2 hours for Interview and a Driving Test
- Bring Drivers License and Driver's Authority
- Applicant to bring a recent print-out of Driver's License history

OFFICE: a). Interview appointment: Time: Date:

b). Print required company documents for this interview