



APPLICATION FORM FOR LINE HAUL DRIVERS

Date of Application ____/____/____

1. PERSONAL INFORMATION

Name of Applicant: _____ Date of Birth: ____/____/____

Residential address: _____ State: _____ Postcode: _____

Home Phone Number: (____) _____ Mobile Phone Number: _____

Relationship Status: Single Married/Partnership Divorced Separated

2. DRIVING INFORMATION

Number of years Licensed to drive heavy vehicles: _____ Licence Number: _____

Licence Class: HR HC MC Licence Expiry Date: ____/____/____

Please indicate if you have had driving convictions in the previous 5 years for any of the following:

Drink Driving Yes No Negligent Driving Yes No Dangerous Driving Yes No
Speeding Yes No Culpable Driving Yes No

Please indicate if you have had convictions in the previous 5 years for any of the following:

Alcohol offences Yes No Drug Offences Yes No Other Criminal offences Yes No

Have you been involved in any heavy vehicle road accidents in the past 5 years? Yes No

Have you ever had your driving licence declined or cancelled? Yes No

Have you ever had vehicle insurance declined or cancelled? Yes No

If you have answered yes to any of the above, please give details of offences and or court findings:

Date of Offence: ____/____/____ Place of Offence: _____

Circumstances surrounding offence: _____

3. EMPLOYMENT INFORMATION

What type of employment are you looking for?
If you ticked full time/permanent:

Full time/permanent

Casual

Are you available and able to work 6 days/week?

Yes

No

Have you previously had **BULK/TIPPER** experience?

Yes

No

If you answered yes, please describe (including length of time, type of vehicles, location of work etc):

Have you previously had **GENERAL** experience?

Yes

No

If you answered yes, please describe (including length of time, type of vehicles, location of work etc):

Have you previously been terminated by an employer?

Yes

No

If you answered yes, please describe the circumstances of your termination:

Do you have any of the following licences or accreditation?

Cert III (Road Transport)

BFM (Basic Fatigue Mgt)

DG (Dangerous Goods)

MSIC (Maritime Security Induction Card)

Bluecard (OH&S)

Other _____

Do you have any diagnosed medical conditions that would compromise your ability to undertake heavy vehicle duties?

Yes

No

If you answered yes, please describe:

Have you ever lodged a Workers Compensation claim?

Yes

No

If you answered yes, please provide details:

PREVIOUS EMPLOYMENT HISTORY

Please provide the following information regarding your previous heavy vehicle work experience.

(Commence with your most recent employer/contract)

Name of Employer

Job Description

Start and finish dates

1.

_____ / / to / /

2.

_____ / / to / /

3.

_____ / / to / /

4.

_____ / / to / /

Please provide the following contact details for 3 referees – **MUST be a Manager/Supervisor**, with 1 of the referees preferably being your most recent employer:

Name of Referee	Name of company referee is employed/working for	Position in Company	Contact telephone number of referee
1.			
2.			
3.			

Please provide any additional information that you may feel is relevant to your application for a position as a heavy vehicle driver with our company:

PLEASE NOTE

1. A current RTA or relevant state licence printout **MUST** accompany this application
2. All employees must successfully complete a **3** month probation period before being offered full time/permanent or ongoing casual employment
3. All employees will be required to undertake the RTS company **INDUCTION** and other relevant training; this **MUST** be completed within the 3 month probation period
4. If employed by RTS beyond the 3 month probation period **ANNUAL HEALTH ASSESSMENTS** will be required and the cost of these will be met by RTS
5. If you leave RTS within 12 months of completing training that has been funded by RTS, you will be responsible for **REIMBURSING** the company any costs associated with training undertaken within that 12 month period
6. It is company policy that **2 WEEKS NOTICE** must be provided if you resign after the completion of your 3 month probation period. This must be in writing on the company resignation form – failure to provide this notice will result forfeiture of 2 weeks pay

Signature: _____ Date: / /