

APPLICATION FOR EMPLOYMENT

C O N F I D E N T I A L

(APPLICATION VALID FOR 3 MONTHS ONLY FROM SUBMISSION DATE)

ATTACH ANY RELEVANT DOCUMENTS THAT MAY ASSIST YOUR APPLICATION, E.G. CERTIFICATES, PERMITS, REFERENCES.

PLEASE USE BLOCK LETTERS & COMPLETE ALL DETAILS

IN COMPLETING THIS APPLICATION FORM I UNDERSTAND THAT ALL STATEMENTS DIVULGED ARE TRUE AND CORRECT. IF ANY OF THE INFORMATION SUPPLIED IS FALSE OR MISLEADING THE APPLICATION MAY BE REJECTED OR EMPLOYMENT TERMINATED.

Position Applied for:

Name: Mr/Mrs/Ms:
(Surname Block Letters) (Christian Names)

Address: Post Code:.....

Telephone Number: Phone Message:

Date of Birth: / / Age:

Next of Kin: Name: Relationship to Applicant:

Address: Telephone Number:

- Are you legally entitled to work in Australia? YES NO
- Are you prepared to undergo a pre-employment medical? YES NO
- Are you prepared to undergo alcohol or drug screening tests at any time? YES NO
- Are you prepared to undergo a Police Clearance Check? YES NO
- Are you prepared to supply your traffic history details? YES NO
- Have you previously been employed by Jurss Transport? YES NO
- Are you colour blind? YES NO

JURSS SITE	SUPERVISOR	POSITION/DUTIES	FROM	TO	REASON LEFT

LIST 5 PREVIOUS EMPLOYERS (Including Current Position and notice period required.)

NAME & ADDRESS OF EMPLOYER	YEAR		POSITION AND BRIEF DETAILS OF DUTIES	REASON LEFT
	From	To		
(1)				
(2)				
(3)				
(4)				
(5)				

NAMES AND ADDRESSES OF THREE WORK REFEREES FROM WHOM CONFIDENTIAL REPORTS MAY BE OBTAINED:

EMPLOYER: SUPERVISOR:

ADDRESS:

PHONE: PHONE: (A/HOURS)

EMPLOYER: SUPERVISOR:

ADDRESS:

PHONE: PHONE: (A/HOURS)

EMPLOYER: SUPERVISOR:

ADDRESS:

PHONE: PHONE: (A/HOURS)

LIST ANY OTHER QUALIFICATIONS

QUALIFICATION YEARS HELD LICENSE NUMBER

DO YOU HAVE A CURRENT SENIOR FIRST AID CERTIFICATE

YES / NO Certificate number;

PERSONAL HISTORY

PERSONAL HISTORY QUESTIONS ARE OPTIONAL BUT MAY BE RELEVANT TO EMPLOYEMENT

Have you ever had or do you have? Please tick (✓) for YES, or cross(X) for NO.

Heart Disease Nervous Trouble or Breakdown Dermatitis Hernia

Do you now or have you ever suffered a back injury? If so, specify

Impairment of vision? If so, specify

Do you wear prescription glasses or contact lenses? If so, specify

Any other illness? If so, specify

Any surgical operations? If so, specify

Any broken bones or other serious personal injury? If so, specify

Any X-rays or medical investigations? If so, specify

Have you in the last 5 years taken, or are you now taking any stimulants, sedatives, medication or drugs including narcotic drugs?

Have you ever had any worker's compensation claims? YES / NO If yes, was rehabilitation provided. (Give details)

.....
.....

Insurance Company..... Employer

Injury (1) How long off work? When?

Injury (2) How long off work? When?

IDENTIFICATION

DRIVER LICENCE YES / NO STATE CLASS NO. EXPIRY

SUPERANNUATION SCHEME NOS:

I acknowledge and accept that I may be required to undergo random drug and alcohol testing as a condition of my employment with Jurss Transport

SIGNATURE OF APPLICANT DATE



Transporters of Milk since 1969

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