

EMPLOYMENT APPLICATION FORM

ALL DIVISIONS
 BULK TRANSPORT
 FREIGHTMATE TRAINING
 TRUCK WASHING
 WOODCHIPS / LOGS
 CIVIL CONSTRUCTION
 ADMINISTRATION / MANAGEMENT

FULL - TIME
 PART - TIME
 CASUAL (Please complete below)

CASUAL AVAILABILITY:

MONDAY
 SATURDAY
 FRIDAY
 THURSDAY
 WEDNESDAY
 TUESDAY
 SUNDAY

PERSONAL DETAILS:

MR
 MS
 MRS
 DR
 D.O.B _____
 OTHER (Please Specify) _____

SURNAME _____
 GIVEN NAME(S) _____

POSTAL ADDRESS (Number, Street, City, Postcode) _____

HOME PHONE NO: _____
 WORK PHONE NO: _____

MOBILE _____
 EMAIL _____

DRIVING LICENCE TYPE

NONE
 CAR
 MEDIUM RIGID (MR)
 HEAVY RIGID (HR)
 HEAVY COMBINATION (HC)
 MULTI COMBINATION (MC)

EXPERIENCE WITH LICENCE TYPE (Months) _____

DO YOU HAVE BFM (Basic Fatigue Management)
 YES - Please supply certificate
 NO

DO YOU WEAR SPECTACLES / CONTACT LENSES?
 YES
 NO

DO YOU SMOKE (Optional)
 YES
 NO

HOW WOULD YOU RATE YOUR HEALTH STATUS:

VERY GOOD
 GOOD
 AVERAGE
 MADIOCRE
 POOR
 VERY POOR

HAVE YOU COMPLETED A CURRENT MEDICAL
 YES
 NO

DO YOU HAVE ANY PAST MEDICAL / PHYSICAL CONDITIONS WHICH MAY AFFECT YOUR PERFORMANCE (INCLUDES MANUAL LABOUR) IN THE ROLE APPLIED FOR (Or which may be aggravated or worsened by the duties of the roel)

If YES, Please Specify: _____ YES NO

ARE YOU CURRENTLY ELIGIBLE FOR A WAGE SUBSIDY OF ANY TYPE:
 YES
 NO

WORKERS COMPENSATION (Please provide details of any workers compensation claims for the last 10 Years)

DATE OF CLAIM	EMPLOYER	NATURE OF CLAIM	PERIOD OF CLAIM



IF YOU HAVE A CURRENT RESUME (INCLUDING REFERENCES) PLEASE ATTACH AND DISREGARD

EMPLOYMENT DETAILS

LIST 3 PREVIOUS (MOST RECENT) EMPLOYERS

COMPANY _____ POSITION HELD _____
 EMPLOYED FROM _____ TO _____
 DUTIES _____ CONTACT NUMBER _____

COMPANY _____ POSITION HELD _____
 EMPLOYED FROM _____ TO _____
 DUTIES _____ CONTACT NUMBER _____

COMPANY _____ POSITION HELD _____
 EMPLOYED FROM _____ TO _____
 DUTIES _____ CONTACT NUMBER _____

REFERENCES

COMPANY _____
 CONTACT NAME _____
 CONTACT NUMBER _____

COMPANY _____
 CONTACT NAME _____
 CONTACT NUMBER _____

COMPANY _____
 CONTACT NAME _____
 CONTACT NUMBER _____



IF YOU HAVE A CURRENT RESUME (INCLUDING REFERENCES) PLEASE ATTACH AND DISREGARD

EDUCATION & TRAINING

HIGHEST LEVEL COMPLETED

YR 12

GRADUATE

TRADE

OTHER

QUALIFICATIONS (PLEASE LIST ANY TRAINING COURSES OR OTHER SKILLS BELOW)

[Empty box for listing qualifications]

ANY PREVIOUS RELEVANT EXPERIENCE (LIST BELOW)

[Empty box for listing previous relevant experience]

CONDITIONS OF EMPLOYMENT

In order to ensure the suitability of the person for our requirements and to ensure that the employee is satisfied in the position, it is policy of Porthaul to place each new employee on a probationary period. I understand that this position (if successful) will be a 3-month probationary period during which time either party may terminate without prior notice. I hereby affirm that all the information given by me in this application for employment is true and correct and I have not knowingly withheld circumstances or facts that would affect my application. I understand that if considered for employment, the information given in this application may be subject to investigation by Porthaul. I understand that I shall be subject to the company's' inductions, training, procedures and regulations. I also understand that by withholding information regarding my employment may lead to difficulty in establishing a work cover claim. I further affirm my understanding that in the event I'm employed by Porthaul, my employment may be terminated at any time without notice if it is proven by the company that I have knowingly withheld facts or circumstances that would, if disclosed, affect my application.

PRIVACY STATEMENT

The information requested on this application for employment is necessary to ensure a fair and thorough evaluation of all applicants with Porthaul. Personal information contained within this form shall be available only to employees and managers of Porthaul who have direct involvement in the recruitment process.

DECLARATION

SIGNATURE OF APPLICANT _____

DATE: _____