



## Application for Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

### Position

#### Position you are applying for

**Heavy Vehicle Driver (Local or Interstate)**

**Pre-Employment Mandatory testing and document provision**

- Certified as being fit to drive by a Medical practitioner according to the 'Assessing Fitness to Drive' Medical
- Negative Drug & Alcohol screening test (PTG approved)
- A current (within 14 days) 5-year Driver History Report
- Valid Heavy Vehicle Licence
- Practical Driving Test

**Upon Request (if box is ticked):**

- Criminal History Check
- MSIC
- Forklift Licence
- Other \_\_\_\_\_

**Yard (Not driving a heavy vehicle) Pre-Employment Mandatory testing and document provision**

- Negative Drug & Alcohol screening test (PTG approved)

**Upon Request (if box is ticked):**

- A functional assessment as capable of performing the inherent requirements of the role.
- Criminal History Check
- MSIC
- Forklift Licence
- Other \_\_\_\_\_

**Workshop staff (Apprentice, trade assist, fabricator or mechanic) Pre-Employment Mandatory testing and document provision**

- Negative Drug & Alcohol screening test (PTG approved)
- An Industrial Hearing Test (Industrial Screening Audiometry).

**Upon Request (if box is ticked):**

- A functional assessment as capable of performing the inherent requirements of the role.
- Criminal History Check
- Forklift Licence
- Other \_\_\_\_\_

**Logistics / Scheduling**

**Upon Request (if box is ticked):**

- Negative Drug & Alcohol screening test (PTG approved)
- An Industrial Hearing Test (Industrial Screening Audiometry).
- A functional assessment as capable of performing the inherent requirements of the role.
- Criminal History Check
- Forklift Licence

Other \_\_\_\_\_

**Administration**

**Upon Request (if box is ticked):**

- Negative Drug & Alcohol screening test (PTG approved)
- An Industrial Hearing Test (Industrial Screening Audiometry).
- A functional assessment as capable of performing the inherent requirements of the role.
- Criminal History Check
- Forklift Licence

Other \_\_\_\_\_

**Management**

**Upon Request (if box is ticked):**

- Negative Drug & Alcohol screening test (PTG approved)
- An Industrial Hearing Test (Industrial Screening Audiometry).
- A functional assessment as capable of performing the inherent requirements of the role.
- Criminal History Check
- Forklift Licence

Other \_\_\_\_\_

**Employment desired**

Fulltime <input type="checkbox"/>	Casual <input type="checkbox"/>	Part time <input type="checkbox"/>	Seasonal / Temporary <input type="checkbox"/>
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Have you ever been previously employed by any of the Pickering Transport Group of companies? Yes  No

If Yes, please give details:

Available start date: / /

**Personal Information**

First Name	Middle Name	Last Name
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Residential Address	Suburb / Town	State	P/Code
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Postal Address	Suburb / Town	State	P/Code
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Home Phone	Mobile Phone	Email Address
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Gender	Date of Birth	Are you Aboriginal or Torres Straight Islander origin?
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Are you an Australia Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not an Australian Resident, are you eligible to work in Australia?	<input type="checkbox"/> Yes (copy of Working Visa to be supplied) <input type="checkbox"/> No
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Are you an Australia Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not an Australian Resident, are you eligible to work in Australia?	<input type="checkbox"/> Yes (copy of Working Visa to be supplied) <input type="checkbox"/> No
---	---

Are you an Australia Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not an Australian Resident, are you eligible to work in Australia?	<input type="checkbox"/> Yes (copy of Working Visa to be supplied) <input type="checkbox"/> No
---	---

Are you an Australia Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not an Australian Resident, are you eligible to work in Australia?	<input type="checkbox"/> Yes (copy of Working Visa to be supplied) <input type="checkbox"/> No
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Are you an Australia Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Licenses & Certificates**

*Please provide a clear colour scan / photocopy*

Driver's License Number	State of Issue	Expiry Date
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Endorsements
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Fork Lift	Dangerous Goods	Basic Fatigue Management	Other Licences	Duration in Transport Industry
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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**Education**

Last School Attended	Level reached	Date completed
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**Qualifications (Please attached a copy of relevant qualifications)**

USI Number – Unique Student Identification Number

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Qualification	Institution	Date obtained
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Qualification	Institution	Date obtained
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**Prior Employment References**

Contact Name	Title	Company	Telephone Number
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Can they be contacted for a reference? If No please provide reason.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Can they be contacted for a reference? If No please provide reason.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## Prior Employment History

Employer (1)

Position Held

Telephone Number

Dates employed

Reason for Leaving

Employer (2)

Position Held

Telephone Number

Dates employed

Reason for Leaving

Employer (3)

Position Held

Telephone Number

Dates employed

Reason for Leaving

## Character Information

Have you ever been charged or convicted of any criminal offence? *If yes please provide details.*

Yes  No

Have you ever been charged or convicted of any traffic offence? *If yes please provide details.*

Yes  No

## Personal Capabilities

Are you able to?		If NO please comment
• Bend, crouch, stretch and kneel	YES / NO	
• Walk over rough ground and uneven surfaces	YES / NO	
• Lift 20kg with ease (eg. trailer gates, chains and binders)	YES / NO	
• Use hand tools and equipment (eg. dogs and chains)	YES / NO	
• Work with both your hands above shoulder height	YES / NO	
• Wear approved safety gear and steel capped boots	YES / NO	
• Sit for extended periods (eg. linehaul driving)	YES / NO	

Created by: AMitton	Date created: January, 2010	Version No. 14
Authorised by: BBelacic	Last reviewed: 16 September 2022	Filename: PP 060 - Application for Employment

• Get in/out of a truck cab, forklift or other vehicles	YES / NO	
• Work in a situation where you may experience vibrations for lengthy periods of time (eg prime movers and forklifts)	YES / NO	
• Undertake the previous listed tasks without risk to your health and anyone else?	YES / NO	

Do you have?		If NO please comment
• Normal hearing in both ears	YES / NO	
• Normal vision in both eyes	YES / NO	
• Good peripheral (side) vision from both eyes	YES / NO	
• A serious allergy that can result in anaphylactic shock (If yes, do you have a management plan (please supply if you do)?)	YES / NO	If YES please comment

## Signature Disclaimer

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.

Applicant's Full Name

Signature

Date

## Pre-Employment Health Declaration

### Pre-Employment Health Declaration

Employment with the Pickering Transport Group is conditional on the preferred applicant completing this pre-employment health declaration and returning it.

Please carefully complete the following Declaration and ensure it is signed before returning. You will be advised if a medical assessment is required.

**Name of Applicant:** \_\_\_\_\_

**Position Applied for:** [ ] Yard / Local Driver [ ] Long Distance Driver [ ] Workshop  
 (Please select) [ ] Administration [ ] Operations [ ] Management

**Branch / Depot:**

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## Pre-Employment Health Declaration

Employment with the Pickering Transport Group is conditional on the applicant being a fit and proper person and fully able to perform the inherent requirements of the position. When completing the pre-employment health declaration, it must be in full knowledge of the position as outlined in the position description. Read the documents carefully and discuss any queries that you may have prior to completing the declaration with the respective manager.

The primary purpose of this pre-employment health declaration is to assist the Pickering Transport Group to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of a disability or illness. The pre-employment health declaration does enable, where applicable, appropriate and reasonable action to be taken by the Pickering Transport Group to meet Workplace Health and Safety Law and Workers Compensation Law.

Workers Compensation Law requires disclosure to your employer of any pre-existing injuries or disease that you have suffered, or existing injuries or disease that you continue to suffer of which you are aware and could reasonably be expected to foresee, and could be affected by the nature of the proposed employment referred to above.

Workplace Health and Safety Law states that an employer shall provide and maintain, so far as practicable, for employees a working environment that is safe and without risks.

Failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle you to compensation pursuant to Workers Compensation Law should you suffer any recurrence, aggravation, acceleration or deterioration of a pre-existing injury or disease arising from employment with the Pickering Transport Group. The Pickering Transport Group may rely upon any failure to disclose in accordance with the provisions of Workers Compensation Law as grounds for denying compensation.

This pre-employment health declaration also assists the Pickering Transport Group to obtain information to enable it to meet its obligation under Equal Opportunity law to make reasonable adjustments for an employee or prospective employee in order to perform the genuine and reasonable requirements of the employment.

### Privacy Notice:

The collection of this information is in accordance with Workplace Health and Safety law, Workers Compensation law and Equal Opportunity law.

The completed pre-employment health declaration will be retained on your personnel file. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for six months after the finalisation of any appointment appeal and then destroyed.

The Pickering Transport Group may disclose some of your personal information, as applicable, to an independent medical examiner should the Pickering Transport Group require an assessment of your suitability for employment and fitness for duty. Your health declaration may also be disclosed to the company's workers compensation insurer should you submit a worker's compensation claim.

You are able to request access to the personal information that the Pickering Transport Group holds about you and request that it be corrected by contacting your manager.

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## Health Declaration

1. Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position?

*In answering this question Yes or NO you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly). If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?*

**NO**      **YES**      IF yes, please provide details.

\_\_\_\_\_

2. Do you have an existing injury or condition or pre-existing injury or condition that could be affected by the nature of the proposed employment?

*Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s present but treatment is not required. If yes please provide details of the injury or condition(s). If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?*

**NO**      **YES**      IF yes, please provide details.

\_\_\_\_\_

3. Have you ever worked with any substances or in any conditions which may have been hazardous to your health (eg. Asbestos exposure, toxic chemicals, stressful or noisy environments) and for which you need a modified workplace?

*If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?*

**NO**      **YES**      IF yes, please provide details.

\_\_\_\_\_

## Health Signature Disclaimer

### HEALTH DECLARATION

I, \_\_\_\_\_ of \_\_\_\_\_  
(Applicant's Name) (Applicant's Address)

Do sincerely declare that the contents of this declaration are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I hereby agree to undergo a health assessment, which may include a functional capacity assessment, by a medical practitioner if deemed necessary by the Pickering Transport Group.

I am aware that I may be required to undergo a hearing test. I will be advised that if a work-related noise induced hearing deficit is detected that a compensation claim should be lodged against the relevant past employer. I am aware that the record of audiometry will be held in my file. I am aware that I will be asked to meet the cost of these examinations/reports.

I understand that any wilfully incorrect or misleading answer or material omission which related to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file.

Applicant's Full Name

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Signature

Date

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