



Position applied for:

Employment Preference is for: Permanent Full Time Permanent Part Time Casual

Section 1: Personal Details

Title: _____ Family Name: _____ Given Names: _____

Preferred Name: _____ Single Married Other

Address: _____

Phone No.: _____ Mobile: _____

Email Address: _____

Date of Birth: ____/____/____

Driver Licence No.: _____

Permanent Australian Resident: Yes No

If a Non Resident, do you hold a current Australian Work Permit: Yes No

Availability: Immediate One Week Two Weeks One Month

Emergency Contact Details:

Next of Kin: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Address: _____

Bank Details:

Name of Bank: _____ Branch: _____

BSB: _____

Account No.: _____

Name of Account: _____

Superannuation:

Under the current superannuation legislation employees may nominate for their superannuation contributions to be forwarded to a complying superannuation fund of their choice by providing the mandatory information below.

In the event that insufficient details are provided to identify your super fund or the nominated fund is not compliant; superannuation contributions will be directed to the company fund, **Sun Super**

I request that all Superannuation Contributions be made to the following fund:-

Fund Name; _____

Fund Postal Address: _____

Fund Phone No.: _____

Fund Australian Business Number (ABN): _____

Superannuation Product Identification Number (SPIN): _____

Membership No.: _____

I have attached a letter from the trustee stating that this is a complying superannuation fund or for a self-managed superannuation fund, a copy of the documentation from the Tax Office confirming that the fund is regulated.

Section 2: Licence Details (Must be completed by Drivers and Forklift Operators)

List current licences and authorisations (e.g. drivers licence, DG authorisations, and forklift)

Licence/Authority No	Type /Class	State of Issue	Expiry Date	Years Held

For your application to proceed to the final selection stage, all drivers and forklift operators must attach a copy, provided by the relevant State or Territory Licencing Authority, of the following:-

- Current Drivers Licence (copy both sides) Yes No
- Up to date copy of current Driving Record and Licence Status for past 5 years Yes No
- Forklift Licence (copy both sides) Yes No
- Other Yes No

Please indicate if you are certified under any of the following and ensure that a copy of your Certificates or Statements of Attainment are attached to this application.

Certified in: BFM AFM Certificate III - Transport and Distribution

Section 3: Drivers Insurance Declaration (Must be completed by Drivers)

All information and particulars declared in this section must be true and accurate with all relevant information disclosed.

Have you:

- a. Held a licence in another State under another number? Yes No
- b. Been involved in any accidents or lodged a claim in the last 5 years Yes No
- c. Had insurance declined, cancelled, renewal refused or special conditions imposed? Yes No
- d. Had your driver’s licence endorsed, cancelled or suspended? Yes No
- e. Had or have suffered from any physical or mental disability or any medical condition (e.g. epilepsy, diabetes, heart condition) which could affect your driving performance? Yes No
- f. Been convicted of a criminal offence? Yes No
- g. Had fire or theft happen to a vehicle in your control Yes No
- h. In the last 5 years, been convicted of any of the following:
Using Drugs, Negligent/Culpable/Dangerous Driving, Overloading,
Alcohol related offence, Insurance declined or cancelled? Yes No

Section 3 Drivers Insurance Declaration (Continued)

If you answered **YES** to any of the previous questions, please provide comprehensive details below:

Point	Reason

I hereby declare that the above information and particulars stated in Section 3: Drivers Insurance Declaration are true and correct and I have not withheld any relevant information.

Name: _____ Signature: _____ Date ____/____/____

Section 4: Driving Experience (Must be completed by Drivers/Forklift Operators)

Driving Experience

Vehicle Type (HR, HC, MC)	Type of Work	Number of Years Experience	Employed By

Section 5: Record of Education

What is the highest level of schooling/education that you attended/achieved?

- School Certificate
- High School Certificate
- TAFE/University/Masters Qualifications, please give details:

Section 6: Medical History

1. Do you have any physical disabilities, health ailments, take medication or have any conditions that may affect your ability to perform the position you applied for? Yes No

If **YES** please specify:

2. Have you taken or are you taking any medication that may hinder your performance for the position you have applied for? Yes No

If **YES** please specify:

Section 6: Medical History (Continued)

3. Are you receiving or do you have any Workers Compensation or Work Care payments, or other payments relating to injury or incapacity? Yes No

If **YES** please specify:

Detail any Workers Compensation Injuries/Claims you have had in the last 5 years.

Year	Nature of Claim	Employer

Note: Details provided for any of the questions WILL NOT prevent equal employment consideration to any applicant.

Section 7: Employment history

Please complete for the last three employment positions. (Begin with your current or most recent job)

Please list all the names and contact details for each position that can be contacted to obtain a verbal reference check.

Name and address of Organisation and type of business	From		To		Reason for Leaving	Name of Supervisor/reference
	Mo	Yr	Mo	Yr		
Describe the work you did						
Name and address of Organisation and type of business	From		To		Reason for Leaving	Name of Supervisor/reference
	Mo	Yr	Mo	Yr		
Describe the work you did						
Name and address of Organisation and type of business	From		To		Reason for Leaving	Name of Supervisor/reference
	Mo	Yr	Mo	Yr		
Describe the work you did						

Section 8: Additional Information

Applicant Declaration:

In signing this application for employment I declare that to the best of my knowledge, the above information submitted and any accompanying documents are correct.

I understand and agree that prior to my acceptance for employment I will undergo a medical examination. The Doctor chosen, **MUST** conduct the pre-employment medical in accordance with the Assessing Fitness to Drive Standards and complete the relevant documentation. I agree all details of the examination will be made available to J.A.T.

In the event of my application is successful I agree that at all times I will abide by company rules and policies as notified to me from time to time and that breach of any will be subject to disciplinary action and may result in termination of employment.

I understand that if I abandon the vehicle allocated to me during any journey, JAT Refrigerated Road Services Pty Ltd has the right to withhold any outstanding wages to cover the cost of recovery of the vehicle.

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to immediate termination.

Applicants Name: _____ Date: ____/____/____
 Please Print

Applicants Signature: _____

Witness Name: _____ Date: ____/____/____
 Please Print

Witness Signature: _____

EMPLOYMENT DETAILS: (this section confirms employment conditions for the new employee and must be completed by the manager/supervisor)

Position/Job Title: _____ Start Date: ____/____/____

State/Location: _____ Supervisor: _____

Department: Operations Local Driver Linehaul Driver Cold Store
 Forklift Workshop Administration Dock

Payroll Area: Jat Refrigerated Road Services Pty Ltd ABN: 18 148 136 270, ACN: 148 136 270

Employment Type: Permanent Part Time Casual

Managers/Supervisors Signature: _____ Date: ____/____/____