

Carkeith Pty Ltd T/as
K W Thompson's Transport
ABN: 46 231 014 337

P.O. Box 1, Castlemaine, Vic. 3450.
Phone: (03) 5472 2400 Fax: (03) 5470 6766
Email: carkeith@bigpond.com



Accreditation Number TS/000178

Application for Employment

Position Applied for : _____

Specify whether Full time, Part time, or Casual: _____

Applicant's Surname : _____

Christian Names : _____

Residential Address : _____

_____ Post Code : _____

Postal Address: _____

_____ Post Code: _____

Home Telephone No. _____ Mobile Telephone No. _____

Date of Birth: _____ Place of Birth: _____

Next of Kin: _____ Relationship: _____

Address: _____

Contact Phone No: _____

General Details

Licence No: _____ Class: _____ Expiry Date: _____

Number of Years Driving Experience : _____

Types of Vehicles You hold a licence for : _____

Do you have B-Double & / or Road Train Experience - Yes/ No If Yes – No. of Years: _____

Dangerous Goods Licence – Yes/No If Yes – Licence No: _____

Tax File No: _____ Name of Bank: _____

Branch No: _____ - _____ (6 digits) A/c No: _____ A/c Name: _____

Superannuation Fund: _____ Membership No: _____

Transitional Fatigue Management Scheme - Yes / No Medical Certificate Yes / No – Due Date / /

Training Courses

List Vehicle Accidents in the last 5 Years:

Have you ever had your Licence cancelled?: Yes/No If Yes, please give details: _____

List Points Lost & Dates: _____

Have you ever been convicted of a criminal offence? Yes/No If Yes, please give details: _____

Personal History

Last School Attended: _____

Standard Achieved: _____

Certificates Held (Numbers & Expiry Dates): _____

Please list your last three (3) employers:

Present/Last Employer: _____

Address: _____

Phone: _____ Contact Person: _____

Employed from: _____ to _____

Position Held: _____

Reason for Leaving: _____

Previous Employer: _____

Address: _____

Phone: _____ Contact Person: _____

Employed from: _____ to _____

Position Held: _____

Reason for Leaving: _____

Previous Employer: _____

Address: _____

Phone: _____ Contact Person: _____

Employed from: _____ to _____

Position Held: _____

Reason for Leaving: _____

Are you a Financial Member of the Transport Workers Union? _____

If Yes, state the Branch and Membership Number: _____

Signature: _____ **Date:** _____