

PERSONAL DETAILS

Home Address _____
_____ Home Phone _____
Email _____ Mobile _____
Emergency Contact person _____ Phone _____

GENERAL INFORMATION

Have you ever been employed by another transport organisation?

YES / NO If yes, give details:

Do you know any current Dennis Transport employees?

YES / NO If yes, give details:

Do you hold the following Licences / Cards

Forklift Yes / No Dangerous Goods Licence Yes / No Fuel Industry SLP Yes / No
MSIC Yes / No Flinders Ports Yes / No

DRIVING INFORMATION

Note :- A Full Drivers Licence History printout may be required for insurance purposes.

Driver's licence number _____ Class _____ Expiry Date _____ State _____

Experience

MC Years HC Yrs HR Yrs MR Yrs LR Yrs C Yrs

What type of freight have you been carrying

Details of all Vehicle Accidents & Traffic infringements in the last 5 (five) years:

Applicant's name: _____ Signature: _____

Medical History

Do you have a current National Heavy Vehicle Scheme Medical Certificate ?

Yes No

Do you suffer from any medical condition that may impact upon your ability to perform the requirements of the job that you have applied for?

Yes No

If yes, give details:

Have you ever had, or been told by a Doctor that you had any of the following ?

Sleep Apnoea, or Narcolepsy ? Yes No

High Blood Pressure Yes No

Diabetes Yes No

Heart Condition Yes No

Seizures, Fits, Convulsions, Epilepsy ? Yes No

Blackouts, Fainting ? Yes No

Neck, Back or Limb Injuries or disorders? Yes No

Have you had any work related injuries that have resulted in a Workcover Claim ?

Yes No

Details

Nature of Injury	Employer	Year of Claim

Applicant's name: _____

Signature: _____

EDUCATION AND TRAINING Including Traineeships

Give details of courses and training undertaken :

Course	Year Completed

EMPLOYMENT HISTORY (from most recent)

Employer _____ From _____ To _____

Location _____ Telephone _____

Referee's name & position

Position and responsibilities

Reason for leaving

Employer _____ From _____ To _____

Location _____ Telephone _____

Referee's name & position

Position and responsibilities

Reason for leaving

Employer _____ From _____ To _____

Location _____ Telephone _____

Referee's name & position

Position and responsibilities

Reason for leaving _____

Applicant's name: _____

Signature: _____

