

Sita Coaches Pty Ltd



- Application for Employment -

Driving Staff

<i>Surname:</i>		<i>First Name:</i>	
Address			
State:	Post Code:	Telephone No:	
Mobile:		Alternative Telephone:	
Date of Birth:		Next of Kin:	
Next of Kin Name:		NOK Telephone:	

<i>Education & Training:</i>	
Highest Grade: Secondary:	Tertiary:
Additional Trade / Qualifications (list):	
Details of any Advanced Driver Courses attended:	
Details of any training / studies currently being undertaken:	

<i>Licence Details:</i>	<i>Number:</i>	<i>Category:</i>	<i>Expiry Date:</i>
Driver Licence:			
Driver Authorisation:			

*****Please attach copy of drivers licence, authorisation & work references to this form.**

Do you have any **past** traffic or criminal convictions? If so please list below:

Do you have any traffic or criminal charges **pending**? If so please list below:

PROFESSIONAL DRIVING QUALIFICATIONS

Qualification as a Professional Driver:

Driving Experience:

Types of Vehicle Driver	Type of Bus Work	Approx. No. of Kms (total)	Duration of Employment
<i>Eg. Coach</i>	<i>Charter</i>	<i>350,000</i>	<i>2 years</i>

If you have a Driver Authorisation, have you been involved in any activities/illness which may give you cause to believe that your Driver Authorisation may be revoked?

YES NO

If yes, please describe the circumstances. _____

****** ALL QUESTIONS MUST BE ANSWERED ******
- CONFIDENTIAL -

MEDICAL HISTORY

Describe your current state of health (circle): Excellent / Very Good / Average			
Height:	cm	Weight:	kg
		Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Please tick if applicable:		If yes please provide details.	
Do you have high blood pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you have low blood pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you have a back or neck problem?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you wear glasses/contact lenses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you suffer from:			
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Migraine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Chest or Heart problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Blackouts, Dizziness or Fits	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Tuberculosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Mental / nervous disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Shortness of breath/chest pains on exertion	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Defective Vision	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Defective Hearing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you have any known medical restriction on lifting objects?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Do you have any known medical restriction on sitting for prolonged periods?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have any disability which may prevent you from adequately performing any work which the company may require you to perform?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever required consultation or medication for drug addiction or alcoholism?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever received workers compensation or work cover?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you suffered any other illness or injury?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you undergone any surgical operations in the last five (5) years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you consulted a doctor during the last five (5) years regarding any recurrent complaints or disabilities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Estimated period of absences from work in the last two (2) years _____
Days/Months

Reasons?

Details of your family Doctor

NAME _____
ADDRESS _____ TELEPHONE (____) _____

RECORD OF TRAFFIC OFFENCES AND CONVICTIONS:

(If insufficient space please use other side of this page)

Provide details of previous offences over last 3 years and indicate if any charges are pending or currently awaiting trial. If there are no prior offences or charges pending, then write NIL in the space provided.

Offences: (other than parking tickets)

Date	Charge(s)	Penalty

MOTOR VEHICLE ACCIDENTS

In last 5 years

1. Date ____/____/____ Location _____

Give General Description of Accident _____

State who you consider to be at fault and why? _____

2. Date ____/____/____ Location _____

Give General Description of Accident _____

State who you consider to be at fault and why? _____

(If insufficient space please use other side of this page)

ALL APPLICANTS TO COMPLETE THE DECLARATIONS BELOW

It is an inherent requirement of your employment that you hold an appropriate and current drivers licence and a current driver authorisation. Sign the declaration below once you have read and understood the following declarations:

1. You MUST provide a current drivers licence and/or driver authorisation to be sighted upon commencement of employment.
2. You MUST notify your employer of any illness, medical condition, traffic or criminal offence which may give cause to have your Driver Licence and/or Driver Authorisation cancelled or suspended, as soon as the condition of offence is known.
3. In the event that you fail to renew your licence and/or driver authorisation or they are cancelled for any reason, this will result in the immediate termination of your employment.
4. Failure to comply with a reasonable request by your employer to sight a current licence and/or Driver Authorisation OR to comply with the requests made above will indicate that you are unable to fulfil the requirements of the occupation and will result in termination of your employment as a driver.

I have read and understood or have had explained to me the requirements listed above.

I agree to train for and perform such other duties as I may be required to do.

I agree that should I be successful with this employment application, a separate application will need to be completed for Games Family Transport - Accreditation

I declare that the information set out on this form is true and correct, and I understand that my employment may be terminated without notice for my failure to disclose full and truthful answers.

SIGNATURE OF APPLICANT _____ DATE ____/____/____

INTERVIEWING OFFICER _____ DATE ____/____/____

