

## APPLICATION FOR EMPLOYMENT

## COMPANY:

Hillsbus
  Blue Mountains Transit
  Hunter Valley
  QCity Transit
  CDC Travel

## POSITION:

Bus Driver
  Mechanic
  Full Time
  Part Time

Yard Person
  Administration
  Casual
  Contract

## WORK LOAD:

## PERSONAL DETAILS:

NAME: \_\_\_\_\_  
 (First Name) (Last Name)

PHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

## EMAIL ADDRESS:

ADDRESS: \_\_\_\_\_  
 SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

ARE YOU AN AUSTRALIAN CITIZEN/PERMANENT RESIDENT?  
 YES  NO

## MINIMUM REQUIREMENTS:

LICENCE NO: \_\_\_\_\_

CLASS: MR / HR / HC / MC / C

EXPIRY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NUMBER OF YEARS LICENCE HELD: \_\_\_\_\_

STATE/COUNTRY OF ISSUE: \_\_\_\_\_

WORKING WITH CHILDREN NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVER AUTHORITY (D.A) NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PHYSICAL REQUIREMENTS:

Have you or do you suffer any of the following major injuries or illnesses:

Sleep disorder
  High Blood Pressure
  Heart condition
  Respiratory disease
  Diabetes

Back injury
  Neck /shoulder injuries
  Injury to lower limbs
  Psychological illness
  Depression

If you have ticked any of the above please provide details: \_\_\_\_\_

Are you taking any prescription medication which may affect your ability to work?  YES  NO

If yes please provide details \_\_\_\_\_

Have you made or had a Workers Compensation injury or claim in the past/currently?  YES  NO

If yes please provide details \_\_\_\_\_

What is your approximate weight? \_\_\_\_\_

kg

What is your approximate height? \_\_\_\_\_

cm

## Employment Details:

Have you ever been employed by or previously applied for a job with ComfortDelGro Australia or related companies?  YES  NO

IF YES, provide details: \_\_\_\_\_

Do you have a family member or relative currently employed by ComfortDelGro Australia or related companies?  YES  NO

If Yes please provide details: \_\_\_\_\_

Are you planning to work another job whilst also employed by ComfortDelGro Australia?  YES  NO

IF YES, please give details of the employer, the nature of the work and the number of hours: \_\_\_\_\_

#### PREVIOUS EMPLOYMENT:

PREVIOUS EMPLOYER	TIME EMPLOYED (i.e. years and months)	POSITION TITLE:	REASON FOR LEAVING:	REFERENCE NAME:	REFERENCE CONTACT NUMBER:

#### QUALIFICATIONS:

STUDY COURSE / SECONDARY EDUCATION QUALIFICATIONS / TRADE QUALIFICATIONS/ CERTIFICATE	YEAR COMPLETED:

#### PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION FORM:

Driver's Authority (DA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License	<input type="checkbox"/> YES <input type="checkbox"/> NO
RMS Driving History	<input type="checkbox"/> YES <input type="checkbox"/> NO
Visa /Passport	<input type="checkbox"/> YES <input type="checkbox"/> NO
Working with Children Check clearance/Number	<input type="checkbox"/> YES <input type="checkbox"/> NO

#### ACKNOWLEDGMENT

I acknowledge and understand that as a prospective employee I will be subject to: Working with Children Check (WWCC) and criminal record checks, random drug and alcohol testing, license and driving record checks and pre-employment medical assessments throughout the application process and on an ongoing basis if successful in obtaining employment with ComfortDelGro Cabcharge	<input type="checkbox"/> YES <input type="checkbox"/> NO
I acknowledge that the above information and attachments are true and correct	<input type="checkbox"/> YES <input type="checkbox"/> NO
I acknowledge and understand the terms and conditions associated with the application process and wish to continue with my application	<input type="checkbox"/> YES <input type="checkbox"/> NO
I Acknowledge the above; _____ (APPLICANTS SIGNATURE)	Date: _____ ___ / ___ / ___

OFFICE USE ONLY

Date Application Received: