

# Watson's Bulk Logistics

## **EMPLOYMENT APPLICATION**

### **TICK RELEVANT BOX**

Driver  Other.....

### **APPLICANT**

Surname ..... Given Name(s) .....  
Address.....  
..... State ..... Postcode.....  
Home Phone ..... Mobile Phone .....  
Date of Birth ...../...../..... Email.....

### **NEXT OF KIN**

Name ..... Relationship .....  
Home Phone ..... Mobile Phone .....

### **CURRENT LICENCE DETAILS**

Licence No. .... State of Issue..... Expiry Date.....  
Licence Endorsements.....  
Attach a photocopy of Licence & driving conviction summary sheet AND driving record from relevant Authority e.g. VicRoads/RTA

Do you hold any other type of licence or accreditation YES / NO

Attach photocopy of Licence e.g. Forklift, AQIS

Give details of any driving offences, criminal offences, cancelled or suspended licences

YEAR	OFFENCE	DETAILS
.....	.....	.....
.....	.....	.....

Have you ever been reported, charged or convicted for any offence relating to drugs or alcohol YES/NO

YEAR	OFFENCE	DETAILS
.....	.....	.....
.....	.....	.....

**PREVIOUS WORK HISTORY**

Have you had experience in tipper transport? YES/NO

Have you completed an advanced driving course? YES/NO

Have you been involved in any accidents while driving a car, truck or forklift? YES/NO

Details .....  
.....

**PLEASE GIVE THE DETAILS FOR THE LAST THREE EMPLOYERS**

Company ..... Position held.....  
From...../...../..... To...../...../.....  
Contact Name ..... Phone No. ....  
Reason for leaving .....

Company ..... Position held.....  
From...../...../..... To...../...../.....  
Contact Name ..... Phone No. ....  
Reason for leaving .....

Company ..... Position held.....  
From...../...../..... To...../...../.....  
Contact Name ..... Phone No. ....  
Reason for leaving .....

**HAVE YOU EVER MADE A WORKCOVER CLAIM**

YEAR EMPLOYERS NAME NATURE OF INJURY YES/NO  
TIME LOST

.....  
.....  
.....

Do you have any outstanding and/or workcover claim against any of your previous employers? YES/NO

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.....  
.....

**PRE-EXISTING INJURY**

Are you aware of any pre-existing injury or disease suffered by you, which might reasonably be expected to be affected by the nature of the proposed employment: YES/NO

If YES, please list all such pre-existing injuries and disease.

.....  
.....  
.....

**BANK DETAILS**

Name of Bank.....  
Account Name .....

BSB No. ....  
Account No. ....

**DECLARATION**

Kindly note that a failure to disclose any such pre-existing injury or disease, or the making of a false or misleading disclosure with respect to same will result in you not having an entitlement with respect to any claim for compensation under the Accident Compensation Act 1985 where you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of your employment.

To the best of my knowledge, information supplied is accurate and true. I note that my employment may be terminated if any statement is found to be incorrect. I understand that I am to be employed initially on a six month trial basis and that during the six month trial basis my employment may be terminated without notice, if my work performance is unsatisfactory or I am deemed unsuitable or unskilled for the job I have been employed to perform. I give my employer authority to validate details with my former employers, and release any firm, or person from liability in respect to the information given.

Application Signature ..... Date ...../...../.....

Witness ..... Date ...../...../.....  
Position .....

**JOB DESCRIPTION FOR DRIVERS**

Drivers will be required to:

- Operate any vehicle where and when required within the driving requirements of the law.
- Load and unload trailers.
- Change wheels and tyres where required.
- Wash and clean the exterior and interior of prime movers and trailers.
- Hook up and unhook trailers.
- Compile all the necessary paperwork and worksheets.

The completion of the requirements in this application does not mean or imply that any offer of employment has been made.

**TERMS AND CONDITIONS OF EMPLOYMENT**

1. I understand that any appointment is conditional on a medical practitioner certifying me physically fit to perform the tasks associated with my employment with this company if requested to do so.
2. I agree to submit my birth certificate if requested to do so.
3. I agree to abide by all safety and work regulations and instructions.
4. I am prepared to attend a defensive driving course or any other courses as decided by the company.
5. I am prepared to wear any clothing or safety equipment that may be supplied by the company. i.e. HARD HAT, SAFETY VEST.
6. I understand that it is law that drivers have a 0% Blood Alcohol Reading.
7. Company Policy is that Alcohol is not consumed on company premises or between the commencement hours and finishing hours on any working day, including the times designated as unpaid breaks.
8. If for any reason, my Licence is suspended or cancelled whilst employed I agree to inform the company within 24 hours, I understand that failure to do so is a dismissible offence. Employment may be terminated for loss of Licence.
9. I agree to allow a company representative to search my personal belongings, vehicle, parcel or any possession while I am on company property or on the company of a customer. A witness shall accompany the company representative.
10. I understand that I am employed initially for a six month trial basis.
11. If during the trial period either party wished to terminate employment, one weeks notice is to be given by employee / employer or one weeks wages will be taken or given in lieu of notice.
12. I understand that any offer of appointment is based on accuracy of information contained in this application.
13. I agree to abide by all Company Rules and Policies as published in the **Company Code of Conduct, which I have read.**
14. The Company reserves the right to dismiss without notice for the following:  
**ALCOHOL, FIGHTING, DRUGS, THEFT and LOSS OF LICENCE**
15. Abandonment of work: If you fail to attend work without notifying the company of the reason for your absence and expected duration of the absence, the company may treat your absence as a resignation, in which case your employment with the company is terminated without notice.
16. I agree to supply a print out of my driving record on a yearly basis to the company as at 30<sup>th</sup> June each year.

To the best of my knowledge, information supplied is accurate and true. I acknowledge that my appointment may be terminated if any statement is found to be incorrect.

**I acknowledge that I have read the company manual.**

Application Signature ..... Date ...../...../.....

Witness ..... Date ...../...../.....

Position .....