



# EMPLOYMENT APPLICATION

NAME: .....

**PERSONAL DATA**

**SURNAME:** \_\_\_\_\_ **GIVEN NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**PHONE:** ( ) \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SEX:**  Male  Female

**NEXT OF KIN / EMERGENCY CONTACT:**

**NAME:** \_\_\_\_\_ **CONTACT NUMBER:** ( ) \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

When could you commence? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?

Yes  No If yes, where and when? \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Last Employer Name:** .....

Address: .....

Position Held: ..... From: ..... To: .....

Reasons for Leaving: .....

**2<sup>nd</sup> Last Employer Name:** .....

Address: .....

Position Held: ..... From: ..... To: .....

Reasons for Leaving: .....

**3<sup>rd</sup> Last Employer Name:** .....

Address: .....

Position Held: ..... From: ..... To: .....

Reasons for Leaving: .....

**4<sup>th</sup> Last Employer Name:** .....

Address: .....

Position Held: ..... From: ..... To: .....

Reasons for Leaving: .....

**EDUCATION DETAILS**

**SECONDARY** Last School attended: \_\_\_\_\_  
 Level reached: \_\_\_\_\_ Year left: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TERTIARY** Qualification: \_\_\_\_\_  
 Institute: \_\_\_\_\_ Year left: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PHYSICAL DETAILS**

Do you have any physical or medical condition that prevents or restricts you from undertaking certain kinds of work?

Yes  No (If yes, please provide details below)

Do you take any medication/s that prevent or restricts you from undertaking certain kinds of work?

Yes  No (If yes, please provide details below)

**HAVE YOU EVER MADE A WORKER’S COMPENSATION CLAIM OR COMMON LAW CLAIM AGAINST AN EMPLOYER?**

Yes  No

IF YES, DETAILS PLEASE: \_\_\_\_\_

**LICENCING**

Please provide details of licenses you have held or currently hold.

DRIVER LICENSES	State	Licence No.	Type	Expiry Date	Yrs Held
FORKLIFT LICENCE			NA	NA	NA
OTHER LICENSES					

PRIVACY: - Harris Refrigerated Pty Ltd (Harris) requested the following driver information to allow us to assess risks. It is very important that you supply true and honest information. Please be advised that any information collected by us is treated with the appropriate degree of confidentiality and privacy. This information will be provided to our Insurer and Insurance Broker for assessment and acceptance.

**DRIVING EXPERIENCE**

Class of Equipment	Types of Equipment Tautliner, Tanker, Tipper, Flat-top, B-Double, Road Train etc.	DATES		Approx. Number of Total km Driven
		From	To	
Rigid Truck				
Prime Mover and Semi-Trailer				
Prime Mover with multiple Trailers				

Please provide the names of the highways you have predominantly driven on for last five years:

Please provide details of courses or training you have completed in relation to your occupation:

## **ACCIDENT HISTORY**

Please provide full details of any vehicle accident you have been involved in over the past 5 years.

Date of Accident	Time of Day/Night of Accident	Name of Employer	Nature of Accident (head-on, rear-ended, etc)	Approx. Cost of Repairs

Have you ever been convicted of a criminal offence:  Yes  No

Have you ever been convicted of any of the following offences during the past 5 years whilst driving a motor vehicle?

Under the influence of intoxicating liquor or drug  Yes  No

If yes, give full details:

Date	Offence	Court Findings

Exceeding the prescribed concentration of alcohol in the blood  Yes  No

If yes, give full details:

Date	Offence	Court Findings

Loss of Licence  Yes  No

If yes, give full details:

Date	Offence	Court Findings

Any other criminal driving offence  Yes  No

If yes, give full details:

Date	Offence	Court Findings

## **DECLARATION**

**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT AND THAT IF FOUND TO BE FALSE, THE COMPANY HAS THE RIGHT TO TERMINATE MY SERVICES WITHOUT NOTICE OR COMPENSATION.**

**APPLICANT'S SIGNATURE .....** **DATE .....**

- NOTE:**
- 1. LICENCES AND QUALIFICATION CERTIFICATES MUST BE PRODUCED**
  - 2. TAXATION EMPLOYMENT DECLARATION MUST BE COMPLETED**
  - 3. UPON TERMINATION OF YOUR EMPLOYMENT YOU WILL BE REQUIRED TO RETURN ALL UNIFORMS, KEYS AND OTHER COMPANY PROPERTY BEFORE YOU RECEIVE YOUR FINAL PAY IN FULL.**

**OFFICE USE ONLY**

**EMPLOYMENT & PROBATION AGREEMENT**

**Harris Refrigerated Transport Pty Ltd has employed:** .....

**Employment Type:**

Casual  Part Time  Full Time

**Position:**

Administration  Local Driver  Interstate Driver  Night Shift  Mechanic

**Review Period:** ..... months.

Review date will be by:     /     /     (not longer than three months from today)

Either party can terminate, or review this agreement at any time during this period.

The position will involve the following duties: .....

.....  
.....

The rate of pay will be: \$..... per hour

Do you wish to have payslips emailed to you?  Yes  No

Email address .....

Password (necessary to open electronic payslip): .....

**Authorised Harris Refrigerated Transport Pty. Ltd. Representative**

Name: .....

Signed:.....

Date:     /     /

I have received a copy of and have read and understood the employment terms and conditions contained in the Harris Refrigerated Transport Employee Collective Agreement and the terms and conditions of my probation.

Name: .....

Signed:.....

Date:     /     /

**OFFICE USE ONLY**

**PAY DETAILS**

(Not required until employment commenced)

**BANKING DETAILS**

**AS WAGES/SALARIES ARE PAID INTO A BANK - THE FOLLOWING DETAILS ARE REQUIRED:**

BANK NAME:..... BRANCH: .....

BANK BSB NUMBER: .....ACCOUNT NO: .....

NAME OF BANK ACCOUNT: .....

**SUPERANNUATION DETAILS**

SUPERANNUATION FUND:.....

SUPERANNUATION FUND MEMBERSHIP NUMBER: .....

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***\*If you do not indicate a preferred fund, the Harris nominated fund,  
(Statewide) will be allocated to you.***