



## Transit Australia Group

Please send all applications directly to branch, as directed via [www.tagroup.net.au](http://www.tagroup.net.au)

# APPLICATION FOR EMPLOYMENT

The information supplied in this document will remain strictly confidential between the applicant and this Company

This form must be completed in the applicant's own handwriting

Please Complete All Sections and Submit, with a Current Copy of Your Resume and ALL Supporting Documents

Please Select Company you Wish to Apply For:

Corporate  Surfside Buses  Sunshine Coast Sunbus  Capricorn Sunbus  Townsville Sunbus  Marlin Coast Sunbus

How did you hear about this vacancy?	<input type="checkbox"/> Internet	<input type="checkbox"/> Media	<input type="checkbox"/> Walk In	<input type="checkbox"/> Referred By:
First Name	Middle	Surname		
Current Mailing Address				
Mobile	Home Telephone	Email		

**LICENCES & CLEARANCES** (Please provide clear evidence of all clearances)

I certify that I currently hold the following clearances:

Tick	Name	Licence/Card Number	State Issed By:	Expiry:	OFFICE USE ONLY: Evidence Verified
<input type="checkbox"/>	MR Drivers Licence				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	HR Drivers Licence				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Driver's Authority (G/S)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Working with Children Check (Surfside Only)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Do you have the right to work in Australia?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Do you have any criminal convictions and/or traffic infringements, or loss of points?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:					

### EDUCATION & TRAINING

School Name - Highest Level Attained	Course of Study	Graduated/Completed	OFFICE USE ONLY: Evidence Verified
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Study In Progress	<input type="checkbox"/> Yes <input type="checkbox"/> No

### WORK HISTORY / AUTHORISED REFERENCE DETAILS

(Please provide details from your 3 most recent roles)

Company Name	Reference Contact/Phone	Dates of Employment	OFFICE USE ONLY: Reference Verified
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Seeking:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Other: Specify:
Notice Period:	<input type="checkbox"/> Available	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 4 Weeks <input type="checkbox"/> Additional
Annual Leave Planned:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please provide details/dates:
Are you Willing to:	<b>Work Overtime?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Work Night Shift?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Work Weekends?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Work Split Shift?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**HEALTH, SAFETY & FITNESS FOR WORK**

Have you ever injured yourself at work, or suffered an industrial disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you lodge a WorkCover claim, or personal injury claim, as a result of this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any physical impairment which would prevent the wearing of personal protective equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pre-existing injuries or medical conditions that may be aggravated by performing the duties for the role you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above questions, please provide details:	
All Applicants, Due to the nature of our business, all Bus Drivers must hold a current Driver's Authority at all times. Do you accept that any infringements or convictions incurred may affect your employment with "The Company"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
"The Company" is committed to providing a healthy and safe working environment and is conscious of our duty of care to ensure all employees are not exposed to undue risk of illness or injury in the course of their normal duties. To comply with the Alcohol and Other Drugs Procedure do you accept that you may be required to undertake Drug & Alcohol Screening, including random screening, throughout the course of your employment and authorise "The Company" to carry out any/all required Medical/Drug & Alcohol clearances to support your employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>I understand the inherent job requirements for the position and any further potential hazards in the workplace. I have ticked the appropriate statement below:</i></b>	
<input type="checkbox"/>	<b><i>I am not aware of any health condition that might interfere with my ability to perform the inherent job requirements and job demands of this position.</i></b>
<input type="checkbox"/>	<b><i>I have a health condition that may require TAG to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of this position</i></b>
<input type="checkbox"/>	<b><i>I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of this position. Any adjustments I need have been discussed with TAG prior to completing this health declaration.</i></b>
<b><i>I acknowledge that if I supply false or misleading information , my appointment or continued employment may be affected. I may not be entitled to compensation or damages under the relevant Worker's Compensation and Rehabilitation Act or regulations, for any event that aggravates the non disclosed pre-existing injury or condition.</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>AGREEMENT (Please read the following statement carefully).</b>	
<p>I hereby affirm that the information provided on this application (and accompanying resume) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.</p> <p>I authorise "The Company" to conduct any/all applicable pre-employment checks, including Employment, Criminal History, Medical, Work Rights, WCC and Driver Authority clearance confirmation, to support my application and authorise "The Company" to contact all of the professional references provided.</p>	

**SIGN AND DATE THE FORM**

Applicant's Signature	Date Signed (dd/mm/yyyy)
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