



Courier & Transport Services  
A division of Rantoo Pty. Ltd. / ABN 86 461 689 983

Phone: (08) 9376 8800  
Fax: (08) 9376 8844  
Email: [admin@tccouriers.com.au](mailto:admin@tccouriers.com.au)

## Sub-Contractor Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Postcode*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

### Vehicle & ABN Information

ABN \_\_\_\_\_ ABN Held Since \_\_\_\_/\_\_\_\_/\_\_\_\_

Vehicle Make \_\_\_\_\_ Vehicle Model / Capacity \_\_\_\_\_

Vehicle Registration \_\_\_\_\_ Vehicle Body Type \_\_\_\_\_

Year of Manufacture \_\_\_\_\_ Colour \_\_\_\_\_

Earnings Expectation \$ \_\_\_\_\_ Per Week Available Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Postcode*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Health Declaration

Do you Smoke?: Yes  No

Do you have any past or pre-existing health or workers compensation issues?  
If yes, please provide as much detail below as possible. Yes  No

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job. This must include any medical condition or restriction arising from a previous workers' compensation claim. Disclosure of a medical condition or restriction does not necessarily exclude an applicant from appointment as a sub-contractor

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## Employment & Work History

Most Recent Roles First:

Role \_\_\_\_\_ Company (If Applicable) \_\_\_\_\_

Location \_\_\_\_\_

Start Date \_\_\_\_\_ Salary / Earnings \_\_\_\_\_ Per Week

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Role \_\_\_\_\_ Company (If Applicable) \_\_\_\_\_

Location \_\_\_\_\_

Start Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Role \_\_\_\_\_ Company (If Applicable) \_\_\_\_\_

Location \_\_\_\_\_

Start Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Licences, Qualifications & Trade Skills

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## Character References & Other Information

Please specify details of persons who would be prepared to provide a reference for you.

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Do you have a Police Clearance?: Yes  No

As a condition of your sub-contractor agreement with T&C Couriers, a current Police Clearance certificate is required.

## Declaration

I understand that any misrepresentation of facts in this application could be cause for termination of contract. Prior to commencement with T&C Couriers, the Independent Contractor must agree to all terms and conditions as stipulated in the Independent Contractor Contract. I consent to any examination and/or reference checks which may be necessary to support this application. I hereby declare that the information provided herein, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_