



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

APPLICATION FOR EMPLOYMENT

Position Applied For: _____

PERSONAL INFORMATION

Surname: _____ First Name(s): _____

Address: _____

Suburb: _____ Post Code: _____

Date of Birth: _____ Email Address: _____

Phone #: _____ Mobile #: _____

Next of Kin/Emergency Contact Name: _____

Contact #: _____ Relationship: _____

EMPLOYMENT HISTORY (most recent first)

LAST / CURRENT EMPLOYER: _____

Address: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

PREVIOUS EMPLOYER: _____

Address: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

PREVIOUS EMPLOYER: _____

Address: _____

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

LICENCES, QUALIFICATION & TRADE SKILLS (provide details of licences currently or previously held)

Drivers Licence No: _____ Expiry: _____

Type of Licence: _____ Years Held: _____

Forklift Licence No: _____ Expiry: _____

Type of Licence: _____ Years Held: _____

Other Licences: _____

HEALTH DECLARATION (ALL questions must be answered AND the Declaration signed)

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: _____

Do you take any prescribed medications that could prevent or restrict you from undertaking certain kinds of work? **YES / NO**

If YES, please provide details: _____

Have you ever made or have a current Workers Compensation Claim? **YES / NO** If YES, please provide details: _____

Failure to provide information in respect of the above questions may jeopardise your rights to Workers Compensation if a pre-existing condition is aggravated at work (s79 of the Workers Compensation and Injury Management Act 1981.)

Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.

I declare that the information provided in this Health Declaration is true and correct.

Signed **Dated**

REFERENCES (Please provide details of people we may contact to provide a reference about your work history)

Name: _____ Company: _____ Tel#: _____

Name: _____ Company: _____ Tel#: _____

DECLARATION

* I declare that to the best of my knowledge, the information given on this application is true and correct.

* I understand that inaccurate, misleading or knowingly withholding information in this application could be cause for termination if employed.

* I understand that as a condition of employment with T & C Couriers a current Police Clearance is required.

* I further understand that T&C Couriers operates a strict 'No Drugs and Alcohol Policy' breach of which can result in instant dismissal.

Signed **Dated**