

**Employment Application Form**

**Privacy Statement:** Crown Coaches is collecting personal information through an application process to enable it to select and recruit staff. Crown Coaches, its advisors and any persons engaged by them to assist in the selection and recruitment process may use and disclose your information for selection and recruitment purposes. This may include contacting any referee nominated by you. Please note that in the event that your application with Crown Coaches is successful, the personal information that Crown Coaches holds about you which relates to your selection, recruitment and employment by Crown Coaches will become an employee record under the Privacy Act (1988). This means that Crown Coaches will generally be exempt from the requirements of the Privacy Act in respect of that information. Other statutory obligations may apply

**Guide To Completing This Form**

This form is an application for employment only. It serves as an instrument for Crown Coaches Pty. Ltd. to effectively recruit staff. For you to progress in the selection process for the position you have applied for, it is essential that you comply with the following guidelines:

- You must complete all relevant sections for the position you are applying for within this form. Failure to do this may render your application incomplete and therefore unsuccessful;
- You must provide true and accurate information and this application must be wholly filled out by yourself;
- The more information you provide will increase your prospects of progressing in the recruitment process. You must be prepared to provide all information in various categories (Personal Details, Licence, Experience, Medical etc.);
- It would be beneficial to supply a resume with your completed application form. A resume alone won't be accepted;
- Copies (not originals) of other supporting documentation (references, certificates, etc.) should also be included with your application;
- Acceptance of this application does not imply eventual employment;
- Unless a full and truthful answer is given to **each question** on this form, the application will be deemed informal and if the applicant has already commenced employment, such employment may be terminated without notice.

**Please 'tick' the position you are applying for:**

	Casual School Bus Disability Supervisor
	Casual School Bus Driver
	Casual Charter Bus Driver
	Fulltime Driver
	Mechanic
	Other:


<b>APPLICANT DETAILS:</b>			
SURNAME			
FIRST NAME			
ADDRESS			
SUBURB			
POSTCODE			
HOME NUMBER			
MOBILE NUMBER			
EMAIL ADDRESS			
<b>CITIZEN AND EDUCATION DETAILS:</b>			
ARE YOU AN AUSTRALIAN CITIZEN? IF <b>NO</b> , WHAT IS YOUR CURRENT STATUS AND COUNTRY OF BIRTH?		[ ] YES [ ] NO	
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION REACHED?			
DO YOU HAVE ANY OTHER QUALIFICATIONS?			
<b>LICENCE, REGISTRATION &amp; CERTIFICATION</b>			
DRIVER'S LICENCE NO:		DATE OF EXPIRY:	
DRIVER'S ACCREDITATION NUMBER		DATE OF EXPIRY:	
HEAVY ENDORSEMENTS: (MR/HR/ HC)		STATE OF ISSUE:	
WORKING WITH CHILDREN CHECK NUMBER:		DATE OF EXPIRY:	
FIRST AID QUALIFICATION (min HLT AID 003)		DATE OF EXPIRY:	
ARE YOU ANAPHYLAXIS TRAINED?	[ ] YES [ ] NO		

LICENCE, REGISTRATION & CERTIFICATION	
CAR REGISTRATION:	
ARE YOU AVAILABLE FOR SHIFT WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN DID YOU LAST DRIVE A HEAVY VEHICLE?	<i>(Drivers only)</i> DATE:
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE, POLICE, TRAFFIC OR OTHER BY A COURT OF LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, PLEASE GIVE DETAILS:</b>	

### EMPLOYMENT HISTORY

Please provide particulars of your employment for the last five years:

EMPLOYER NAME	PHONE NUMBER	POSITION	PERIOD OF EMPLOYMENT

 *Work references and/or certificates may be required.*

### MEDICAL HISTORY

GENERAL STATE OF HEALTH:

ARE YOU A SMOKER?  YES  NO

ARE YOU AWARE THAT CROWN COACHES IS A SMOKE FREE WORKPLACE?  YES  NO

DO YOU HAVE ANY ALLERGIES *(that may require urgent medical attention)*?  YES  NO

**IF YES, PLEASE PROVIDE DETAILS:**

**MEDICAL HISTORY**

DO YOU SUFFER FROM ANY OF THE FOLLOWING COMPLAINTS?

DEFECTIVE HEARING [ ] YES [ ] NO

NERVOUS DISORDER [ ] YES [ ] NO

DEFECTIVE VISION [ ] YES [ ] NO

BACK/NECK AILMENTS [ ] YES [ ] NO

HAVE YOU REQUIRED CONSULTATION OR MEDICATION FOR DRUG ADDICTION OR ALCOHOLISM? [ ] YES [ ] NO

**IF YES**, PLEASE PROVIDE DETAILS:

CROWN COACHES CONDUCTS RANDOM DRUG AND ALCOHOL TESTING, DO YOU HAVE ANY REASON WHY YOU SHOULD NOT BE TESTED?

[ ] YES [ ] NO

**IF YES**, PLEASE PROVIDE DETAILS:

HAVE YOU EVER RECEIVED WORKER'S COMPENSATION OR WORKCOVER? [ ] YES [ ] NO

**IF YES**, PLEASE PROVIDE DETAILS:

HAVE YOU CONSULTED A DOCTOR IN THE LAST FIVE YEARS REGARDING SERIOUS COMPLAINTS OR DISABILITIES?

[ ] YES [ ] NO

**IF YES**, PLEASE PROVIDE DETAILS:

WHO IS YOUR NEXT OF KIN IN CASE OF AN EMERGENCY? *(Full name, address and contact numbers)*

**MEDICAL HISTORY**

PLEASE PROVIDE YOUR GENERAL PRACTITIONER DETAILS IN CASE OF AN EMERGENCY: *(Full name, address and contact numbers)*

HAVE YOU READ THE POSITION DESCRIPTION FORM? [ ] YES [ ] NO

**⚠ IF YOU DO NOT DISCLOSE THE ABOVE INFORMATION, OR IF YOU MAKE A FALSE OR MISLEADING DISCLOSURE, THEN SECTION 82(8) OF THE ACCIDENT COMPENSATION ACT WILL APPLY. IF SECTION 82(8) APPLIES, THEN YOU WILL NOT BE ENTITLED TO WORKCOVER COMPENSATION FOR ANY RECURRENCE, AGGRAVATION, ACCELERATION, EXACERBATION OR DETERIORATION OF THE PRE-EXISTING INJURIES OR DISEASES.**

**PERIOD OF ABSENCE IN LAST TWO YEARS (IN DAYS):**

IF SO, PLEASE GIVE THE REASON WHY?

**DECLARATION**

- I agree to notify my employer should my driving licence, driver accreditation or working with child check be revoked or expire;
- I agree to train for and perform other such duties as I may be required to do;
- I declare that the information set out on this form is true and correct, and I understand that my employment may be terminated without notice for my failure to disclose full and truthful answers.

<b>Signature of applicant</b>	
<b>Date</b>	