

EMPLOYMENT APPLICATION FORM



PERSONAL DETAILS				
First Name:		Last Name:		
Date of Birth:		Date of Application:		
Current Address:				
Suburb:		State:		Postcode:
Home Phone:		Mobile Phone:		
Email Address:				
EMPLOYMENT HISTORY				
(LIST YOUR PAST 3 POSITIONS WITH THE MOST RECENT FIRST AND ATTACH A RESUME)				
Employer's Name	Position Held	Reason for Leaving	Period of Employment	
REFEREES				
(PLEASE LIST 3 PROFESSIONAL REFEREES BELOW)				
Referee Name	Referee Position Title	Company	Contact Number	
LICENCES HELD				
Licence No.	Type/Class	State of Issue	Expiry Date	Years Held
DRIVING RECORD				
Have you ever been denied a licence or permit to operate a motor vehicle?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any licence or permit suspended or revoked?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been at fault in a road accident?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with a drug or alcohol driving related offence?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered YES to any of the above questions, please provide details:				
INJURIES/DISABILITIES				
Are you currently affected by or ever had any injury or condition that may impact upon your ability to perform all the duties of the job? Please be advised that knowingly supplying false or misleading information will result in not being eligible for compensation or damages under the <i>Worker's Compensation and Rehabilitation Act 2003</i> , for any event that aggravates the non-disclosed pre-existing injury or condition.				
OFFICE USE ONLY				
Called Applicant:	/ /	Interview Booked:	Y N	Time: Date: / /
			For Position:	

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE



Your position at Cook's Transport may require you to sit for extended periods of time; view monitors or other electronic devices, work in confined spaces, be in control of company vehicles and machinery; or perform manual handling tasks. All these elements can be impacted by medical conditions and as such, the below pre-employment medical questionnaire is part of your application.

PLEASE ANSWER THE FOLLOWING: (Please tick the box and complete "details" if answering 'yes')	Y	N	DETAILS (Please print clearly)
Are you currently being treated by a Doctor for any illness/injury/condition which may impact on your ability to perform the duties of the role you are applying for?			Doctors Name:
Are you currently taking any prescribed medications which may impair your ability to perform the duties of the role you are applying for? (please list in details)			Doctors Name: Medications:
Are you taking any over the counter drugs/medications (eg. Inhalers, pain/cold tablets)?			
Do you smoke? (if yes, how many cigarettes per day?)			
Do you drink alcohol? (if yes, how many standard drinks per week?)			
Are you taking any illicit/illegal drugs (eg. THC, LSD, cannabis, etc.)			
Are you required to wear glasses or contact lenses as a condition of your licence?			

DO YOU HAVE/HAVE YOU EVER HAD ANY OF THE FOLLOWING: (Please tick a box and complete "details" if answering "yes")	Y	N	DETAILS (What bone, Year, How, etc.)
Allergies (Eg. Food, dust, medication, bee stings, etc.)			
Broken or fractured bones?			
Back, neck or spinal problems?			
An x-ray or CT scan of your neck, shoulders or back?			
Trouble wearing PPE (Personal Protective Equipment)?			
An injury or an illness as a direct result from work which may impact on your ability to perform the duties of the role you are applying for?			
Exposure to and/or health issues relating to toxic substances or environmental hazards? (eg. Dust, fumes, vapour, etc)			
RSI, Occupational Overuse Syndrome (OOS) – Musculoskeletal Disorder (MSD)?			
Rotor cuff syndrome or surgery for this?			
Wheezing/asthma/abnormal shortness of breath?			
Heart trouble (Eg. Chest pain, heart disease, angina, irregular heartbeat, murmurs, etc)			
High/Low blood pressure?			
Arthritis or other joint, bone injuries, issues, disorders?			
Hernia, piles, haemorrhoids, anal or rectal condition?			
Psychological, nervous disorder (eg. Clinically diagnosed anxiety, stress, depression, psychiatric illness, post-traumatic stress disorder)?			
Blackouts, fainting, vertigo, dizziness, narcolepsy?			
Sleep disorder, sleep apnoea?			
Fits, convulsions, epilepsy, seizures?			
Stroke, cerebrovascular accident (CVA), mini strokes, transient, ischaemic attacks (TIAs)?			
Migraines or frequent headaches?			
Hepatitis or other communicable diseases (please specify)?			
Q-Fever?			
Head injury or concussion?			
Eye trouble (eg. Double vision, colour blind, difficulty seeing?)			
Loss of hearing or other hearing, ear problems/trauma?			
Kidney/Bladder problems or issues?			
Any form of cancer, including skin cancer?			
Muscular, ligament, tendon injuries, sprains, strains?			
Deep vein thrombosis (DVT)?			

Any other illness/injuries/medical conditions? (please name)			
DO YOU HAVE/HAVE YOU EVER HAD ANY DIFFICULTY WITH THE FOLLOWING: (Please tick a box and complete "details" if answering 'yes')	Y	N	DETAILS (Please print clearly)
Crouching, bending, kneeling, stretching, pulling, pushing?			
Lifting weights more than 20kg?			
Working at heights?			
Walking up or down stairs, ladders or on uneven ground?			
Sitting/standing for an extended time?			
Shift work, sleep, fatigue?			
Working in hot/cold extremes?			
Repetitive movement of hands/arms?			
Confined spaces?			
Do you know of any other circumstances regarding your health or fitness that might make you unable to carry out the duties of the role you are applying for?			

Any other comments or notes relevant to your ability to perform the role you are applying for? (Please print clearly)

APPLICANT ACKNOWLEDGEMENT/DECLARATION/CONSENT

I confirm that I do freely give this information. I confirm that I completed this application and warrant that all entries on it and information in it are true and correct to the best of my knowledge. I warrant all information provided during the process of applying for a position (including this application, interview, referee details, licences, identity details, medical, or any other employment processes) as being true and correct and acknowledge that in the event of employment, any false or misleading information given during the process may result in termination of my employment.

I authorise Cook’s Transport and its related entities to make such investigations and inquiries on my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision.

I irrevocably consent to provide, as a condition of employment and on request, a copy of my current, valid driver’s licence (or other relevant/tickets/qualifications) and, where required by my position, a full and up to date copy of my driving record and licence history as proved by the relevant State and Federal Licensing Authorities. I will provide this prior to commencing employment with Cook’s Transport and during employment, within 7 days of being requested. I acknowledge that if I am unable or unwilling to provide these, my employment with Cook’s Transport may not commence or may be terminated.

In making this declaration, I direct that any medical practitioner or other person who has been or may be consulted by me, shall be and is hereby authorised and direct by me to divulge at any time to Cook’s Transport or associated entities or representatives (e.g. HR, payroll, management, etc.), any information concerning my health and medical history that he/she may have acquired in the course of any professional attendance by him/her on me, or any professional consultation I had had with him/her and I hereby expressly waive all professional confidence and provisions of laws to privilege forbidding disclosure of such information in my employment or this request.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

(NOTE: Before signing the above declaration/consent, ensure you are fully informed, understand and obtain an appropriate witness/information prior to signing.)

WITNESS: _____ **SIGNATURE:** _____ **DATE:** _____