

# THE MARTIN GROUP OF COMPANIES

## Application for Employment

Specific Company (if applicable) \_\_\_\_\_

Position applied for \_\_\_\_\_

Specify whether Full time, Part time or Casual work is sought \_\_\_\_\_

Applicants Surname \_\_\_\_\_ Mr/Ms/Mrs/Miss

Christian Names \_\_\_\_\_

Residential address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Next of Kin (full name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Telephone \_\_\_\_\_

### General details

Driver's Licence No. \_\_\_\_\_ Class \_\_\_\_\_ Expiry date \_\_\_\_\_

State issued \_\_\_\_\_ Number of years driving experience \_\_\_\_\_

[The applicant is required to obtain a "Certified Copy" of his/her "Driving Record" from the RTA office & attach it to this application](#)

Types of vehicles you hold a licence for \_\_\_\_\_

Do you have a B-Double & Road Train experience Yes / No

Dangerous Goods licence No. \_\_\_\_\_ State issued \_\_\_\_\_

Forklift Drivers Licence No. \_\_\_\_\_ Expiry date \_\_\_\_\_

Other Qualifications/ licences. \_\_\_\_\_

Tax file number \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

BSB \_\_\_\_\_ Account number \_\_\_\_\_

Training courses/inductions attended \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had your licence cancelled? Yes / No  
 If yes, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Accident Record** (over past 4 years)      Year 1                      Year 2                      Year 3                      Year 4

Place of accident				
Date of accident				
Type of truck involved				
Type of load being carried				
Estimated cost of the accident				
Who was to blame for the accident?				
Was any police action taken?				
Against the applicant – YES or NO?				

List points lost & dates  
 Point's \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_  
 Point's \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_  
 Point's \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_

Have you ever been convicted of a criminal offence? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal History**

List last school attended \_\_\_\_\_  
 Standard achieved \_\_\_\_\_  
 Certificates held (numbers & expiry dates) \_\_\_\_\_  
 \_\_\_\_\_

**Last three (3) Employers**

*By listing the following referees, I give permission for a representative of the Martin Group of Companies to conduct reference checks with previous employers.*

Present/last employer \_\_\_\_\_  
 Position held \_\_\_\_\_ from (date) \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Contact name \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Second last employer \_\_\_\_\_  
 Position held \_\_\_\_\_ from (date) \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact name \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Third last employer \_\_\_\_\_

Position held \_\_\_\_\_ from (date) \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact name \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any further information to assist your employment prospects \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a financial member of the Transport Workers Union? Yes / No

If yes, state the name & branch of Union \_\_\_\_\_

Are you a member of the TWU superannuation fund? Yes / No

If yes, state member number \_\_\_\_\_

*The information provided by me in this application for employment is true & complete to the best of my knowledge. I understand that if I am employed that a three (3) months probation period is in force & any false statement given will be cause for dismissal.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT**

**Failure to disclose a pre-existing medical condition may result in immediate action upon discovery**

What is your general state of health? \_\_\_\_\_

Please give details of previous Worker's Compensation claims \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving any Worker's Compensation? Yes / No

If yes, please specify \_\_\_\_\_

Do you have any claims pending against former employers pursuant to the Worker's Compensation Act 1971 as amended? Yes / No

If yes, please specify \_\_\_\_\_  
 \_\_\_\_\_

Have you at any time suffered from the following (write Yes or No against each)

Blackouts		High/Low Blood Pressure		Asbestosis / Silicosis	
Breakdown		Noise Induced Hearing Defect		Asthma or Bronchitis	
Heart Problem(s)		Disease of Limbs or Joints		Skin Disorder / Dermatitis	
Any respiratory breakdown		Back Problems of any kind		Varicose Veins	
Rheumatic Fever		Fainting, Giddiness or Fits		Rupture or Hernia	
Visual Defects / Colour blindness		Recurrent Indigestion/Dyspepsia		Muscle - Joint Illness	
Speech Defects		Nervous / Mental Ailment		Typhoid / Paratyphoid	
Epilepsy / Diabetes		Kidney / Bladder Disease		Neck / Spinal Ailment	
Loss of hearing		Chronic Disease (please state)		Bending or lifting	
Alcoholism / Drug dependency		Chronic Illness (please state)		Eczema	
Migraine / Headaches		Stomach / Duodenal Ulcer		Aids or Hepatitis B	
Sinusitis		Allergies to Penicillin / other		Venereal Disease	
Sleep Apnoea		Head or spinal injuries		Tenosynovitis	
Nervous Disorders		Hay Fever		Any condition which limits	
Do you have an allergic reaction to bee stings		If allergic to bee stings do you carry a injection of adrenaline or other medication with you			

Other \_\_\_\_\_ Please specify \_\_\_\_\_

Do you have any physical disability, which may affect your work? Yes / No

If yes, please describe the disability or lasting injury \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will you agree to a medical examination by a company nominated Doctor? Yes / No

**Declaration of Applicant**

I declare that the answers to the foregoing questions are to the best of my knowledge true & correct in every particular. That if my application for employment is successful I will be bound by & at all times observe & respect such terms & conditions of employment & such policies & rules as may from time to time be circulated, specified or otherwise stipulated by my employer.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_