

Date: _____

DRIVER APPLICATION FORM

Personal Information

Name: _____

Company Name: _____

A.B.N: _____

Address: _____

_____ Post Code: _____

Mobile No: _____

Home Phone: _____

Fax No: _____

Email Address: _____

Emergency Contact No: _____

Vehicle and Previous Employment Information

Licence No: _____ Expiry Date: _____

Class: _____ D.O.B: _____ Rego: _____

1) Have you ever claimed workers compensation? _____

2) Have you had any previous injuries? (Circle answer) YES/NO

If yes, what? _____

3) Do you have a problem with hand loading/unloading?

(Circle answer) YES/NO

4) In the past 5 years have you ever had a criminal record?

(Circle answer) YES/NO, If yes, why? _____

[Type here]

REFERENCES

Below, please give details of 2 previous employers who may be contacted for a reference:

Reference 1

Company Name: _____

Contact Person: _____

Phone: _____

Suburb: _____

Reference 2

Company Name: _____

Contact Person: _____

Phone: _____

Suburb: _____

TRUCK DETAILS

[Type here]

Name: _____
Rego No: _____
Exact Carrying Capacity: _____
Tonne/Pallet Space: _____
GMV: _____

Type of Truck (tick box):

Flat Top Tautliner Pantec

Other: _____

Truck Accessories:

	YES	NO	Details
Gates	<input type="checkbox"/>	<input type="checkbox"/>	_____
Timber Tray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steel Tray	<input type="checkbox"/>	<input type="checkbox"/>	_____
Full Cover Tarp	<input type="checkbox"/>	<input type="checkbox"/>	_____
Angles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dogs and Chains	<input type="checkbox"/>	<input type="checkbox"/>	_____
Straps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ropes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trolley	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pallet Jack	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ladder Racks – Utes	<input type="checkbox"/>	<input type="checkbox"/>	_____

[Type here]

Truck Measurements

-Height of tray from ground: _____ Length of Tray: _____

-Exhaust height from ground: _____ Height of Gates: _____

-Clearance Height: _____

-If enclosed, internal height: _____

-Maximum length you can carry legally with over hang: _____

-Maximum length you can carry legally, including over the headboard and the including weight on the head board:

Length: _____ Weight: _____

Are you prepared to get a National Police Check _____

[Type here]

Questionnaire

Please list the suburbs next to or in and around the suburbs listed below.

- Campbellfield
-Brooklyn
-Dandenong
- Lilydale
- Altona NTH
-Thomastown
- Derrimut
- Vermont
- Braeside
- Kilsyth

List 4 main arterial roads.

- 1)
- 2)
- 3)
- 4)

Describe a route from Thomastown to Kilsyth

[Type here]

.....
.....
.....

Describe a route from Campbellfield to Altona NTH

.....
.....
.....

List below the type of goods you have carted and describe the experience you have in each area.

Goods

Experience

.....
.....
.....
.....

[Type here]