

Application for Employment

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|---|--|------------------------------------|--|---|--|--|--|
| Position Sought | | | | | Date | | |
| Base Location | <input type="checkbox"/> Brisbane | <input type="checkbox"/> Chinderah | <input type="checkbox"/> Grafton | <input type="checkbox"/> Port Macquarie | <input type="checkbox"/> Sydney | <input type="checkbox"/> Taree | |
| Employment Type | <input type="checkbox"/> Full-time | | <input type="checkbox"/> Part-time | | <input type="checkbox"/> Casual | | |
| Available Start Date | | | Notice Period (If applicable) | | | Willing to travel/Relocate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. Personal Details | | | | | | | |
| Full Name | | | | | | | |
| Address | | | | | | | |
| Town/ Suburb | | | | State | | | Postcode |
| Date of Birth | | | | Mobile | | | |
| Email Address | | | | | | | |
| 2. Work Rights | | | | | | | |
| Are you an Australian Citizen or Permanent Resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If 'No', are you legally permitted to work in Australia? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Visa Type | | | Expiry | | | |
| | <input type="checkbox"/> I agree to provide proof of my right to work in Australia | | | | | | |
| Have you ever been convicted of a criminal offence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If 'Yes' please provide details. | | | | |
| <i>Note: A criminal record does not automatically exclude you from employment.</i> | | | | | | | |
| Have you ever made a claim for a work-related injury or illness, either currently or in the past? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If 'Yes' please provide details. | | | | |
| 3. Emergency Contact Information | | | | | | | |
| Name | | | Number | | | Relationship | |
| Name | | | Number | | | Relationship | |
| 4. Licences and Qualifications | | | | | | | |
| Drivers Licence Number | | | Class | | | State | Expiry |
| Forklift Licence Number | | | | | | Expiry | |
| Qualification | | Institution | | | Year Obtained | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Have you completed Basic Fatigue Management (BFM) Training | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Application for Employment

5. Driving History

| | | |
|---|--|----------------------------------|
| Have you had any driving infringements in the last 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'Yes' please provide details. |
| Have you been involved in any at-fault accidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'Yes' please provide details. |

6. Skills & Experience

| | |
|---|--|
| Please list relevant skills and experience (e.g. B-doubles, load restraint, route planning, logbooks) | |
|---|--|

7. Employment History

| Period of Employment | Name of Employer | Position / Duties | Reason for Leaving |
|----------------------|------------------|-------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

8. Employment References

| Name | Position / Title | Company | Phone Number |
|------|------------------|---------|--------------|
| | | | |
| | | | |
| | | | |

9. Applicants Declaration

- Within this application the "Company" refers to JPH1 Pty Ltd T/As Jim Pearson Transport or any subsidiary company that may be managed by JPH1 Pty Ltd including Fleetmaster Services Pty Limited and Roadfleet Services Pty Limited.
- All employees are placed on a six month qualifying period. Continued employment will be reviewed before completion of my first six month period. During this period I am aware that I may be dismissed at the Company's discretion, without prior warnings.
- All applicants must satisfactorily complete a pre-employment fitness assessment before being offered a position. Also, either prior to starting employment or during induction applicants are required to attend a full medical examination with a Company practitioner (inclusive of drug and alcohol testing). The cost of these appointments will be at the Company expense, any follow up appointments and/or further testing are my responsibility. **I understand that should I leave or resign from permanent employment within the first six (6) months of employment; the cost of my medical/s will be deducted from my final termination pay.**
- Applicants may be required to undergo a hearing test. Applicants are advised that if a work related noise induced hearing deficit is detected that a compensation claim should be lodged against the relevant past employer. Record of audiometry will be held in the applicants file and applicants are asked to meet the cost of further examination / reports.
- I understand that if I hold a HR/HC licence I agree to upgrade to a higher class of licence. The Company will provide Fatigue Management and Licence upgrade training at the Company's expense. I understand that should my

Application for Employment

employment with the Company be terminated or should I resign from my position within the following 12 months after completion of Fatigue Management Training and/or licence upgrade, ALL costs incurred will be deducted from my final termination pay.

- Smoking within company vehicles is strictly prohibited due to Work Health & Safety requirements.
- I understand that the Company is committed to a Drug Safe and Alcohol free work place and I will be subject to random drug and alcohol testing.
- Provide prior to commencement of employment and on request, a full and up to date record of my driving Record and Licence Status as provided by the relevant Licensing Authority.
- I agree to abide by all Company policies and procedures, requirements and instructions.
- I will not pass on personal information about employees, or commercial information about customers, suppliers, outside my responsibilities with the Company for any reason whilst I am employed by the Company or after the cessation of my employment. Furthermore, I agree to be bound by this agreement and understand that, should I be found in breach of this understanding, I may face prosecution by the Company.
- I declare that the information given by me on this form is, to the best of my knowledge, true and complete and I have read and understood the information required by me. I authorise investigation of all statements contained therein.
- I am not deliberately or knowingly withholding any information that may impair my eligibility for employment with the Company. I understand that if I am found to have deliberately or knowingly withheld information or provided false or misleading information in order to gain employment, my employment may be terminated immediately without notice and without payment in lieu of notice.

I consent to the Company collecting, storing and using my personal information for recruitment purposes.

I authorise the Company to contact my referees.

| | | | |
|--------------|--|------|--|
| Name in full | | | |
| Signature | | Date | |

Application for Employment

| Health Questionnaire | | | | | | |
|--|------------|-----------|---|-------------|-----------|--|
| Applicant Name | | | | Date | | |
| 10. Health Details / History | | | | | | |
| Are you able to perform the inherent physical requirements of this role (including long hours of driving, manual handling and fatigue management)? | | | | Yes | No | |
| Do you agree to undergo pre employment and annual medical examinations by a company appointed Doctor? | | | | | | |
| Question | Yes | No | Question | Yes | No | |
| Are you currently being treated for any medical conditions? | | | Do you have any medical restrictions placed on your licence? | | | |
| Have you taken any medications in the last month? If 'Yes' please provide details. | | | Have you ever been exposed to toxic substances or environmental hazards? E.g. Dust, Noise | | | |
| Have you visited a therapist e.g. chiropractor, physiotherapist, osteopath etc. in the last year? | | | Have you ever had trouble wearing personal protective equipment (PPE), safety equipment or breathing apparatus? | | | |
| Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position? | | | Do you have any pre-existing injuries or medical conditions which could reasonably be aggravated by performing the tasks required in this role? | | | |
| Have you had time off work in the last two years for illness or injury? | | | | | | |
| If you have answered 'Yes' to any of these questions, please explain in detail: | | | | | | |
| | | | | | | |
| Please be advised knowingly supplying false or misleading information regarding a pre-existing injury or medical condition may negate your entitlement to workers compensation for an event that aggravated a non-disclosed pre-existing injury or medical condition. | | | | | | |
| 11. Workers Compensation | | | | | | |
| Question | Yes | No | Question | Yes | No | |
| Are you currently or have you ever claimed for any work-related injury or ailment? | | | Do you have any claims pending or intend to lodge claims against a former employer? | | | |
| If you have answered 'Yes' to either of the above questions, please complete the following Workers Compensation Questionnaire. | | | | | | |
| What were the injuries that lead to the workers compensation claim? When and how did the injury occur? How long were you away from work or on restricted duties? | | | | | | |
| What was the name of the employer and insurance company? Did you receive any incapacity lump sum payment? | | | | | | |
| Are you on any medication or are you receiving any treatment because of the injury? | | | | | | |
| Have you any physical restrictions that may affect your ability to do the job? Have you received clearance to resume pre-injury duties? Please provide documentation. | | | | | | |

Application for Employment

12. Medical History: Have you ever received treatment or medical advice for any of the following?

| Question | Yes | No | Question | Yes | No |
|---|-----|----|---|-----|----|
| Asthma / Hay fever / Allergies | | | Headaches / Migraines | | |
| Arthritis / Rheumatism | | | Heart Conditions / Stroke | | |
| Anxiety / Depression | | | Joint and bone problems: Inflammation, fractures, broken bones | | |
| Back / Neck pain / Spinal Problems / Nerve Issues | | | Knee Injuries | | |
| Blackout / Fainting / Dizziness | | | Loss of hearing / ear infections | | |
| Blood pressure or abnormalities | | | Mental health conditions | | |
| Chronic Fatigue | | | Repetitive Strain / Overuse Problems | | |
| Chronic Pain | | | Shoulder, elbow, wrist or hand problems | | |
| Circulation problems | | | Sleep disorders | | |
| Diabetes: Type 1 / Type 2 | | | Skin disorders / Dermatitis / Eczema | | |
| Drug Dependency / Alcoholism | | | Sporting Injuries | | |
| Epilepsy / Fits / Seizures | | | Stomach Problems / Ulcers / Hernia | | |
| Gout | | | Tenosynovitis or tendonitis | | |

Do you have an injury or illness not stated above? If 'Yes' please provide details.

If you have answered 'Yes' to any of these questions, please explain in detail:

Application for Employment

13. Do you have difficulty with any of the following activities?

| Question | Yes | No | Question | Yes | No |
|--------------------------------------|-----|----|---|-----|----|
| Above shoulder work with raised arms | | | Reading electronic instruments | | |
| Climbing stairs/ladders | | | Sitting for extended periods of time (2 hours or more) | | |
| Crouching/Bending/Kneeling | | | Standing for extended periods of time (2 hours or more) | | |
| Gripping firmly with both hands | | | Turning your head | | |
| Hearing normal conversation | | | Varied work hours / work fatigue issues | | |
| Outdoor Work | | | Working in hot/cold extremes | | |
| Pushing / Pulling / Reaching | | | Working low to the ground e.g. drop decks | | |

If you have answered 'Yes' to any of these questions, please explain in detail:

14. Applicants Declaration

- I declare that the information given by me on this form is, to the best of my knowledge, true and complete and I have read and understood the information required by me. I authorise investigation of all statements contained therein.
- I hereby give consent to the Company to gain information to accurately establish my medical history and fitness for work in the position I have applied for. This may be used in the application process to ensure that I am fit for work and employed in a position which will not adversely affect the health and safety of myself and others.
- I am not deliberately or knowingly withholding any information that may impair my eligibility for employment with the Company. I understand that if I am found to have deliberately or knowingly withheld information or provided false or misleading information in order to gain employment, my employment may be terminated immediately without notice and without payment in lieu of notice.

| | | | |
|--------------|--|------|--|
| Name in full | | | |
| Signature | | Date | |

Office Use Only

| | | | | |
|----------------|--|----------------------|--|---|
| Location | | Currently Working | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reference Checks Completed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employed as | | Commencement Date | | Driving Assessment Completed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Grade | | Forklift Assessment Completed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Interviewed by | | Employee Number | | Offer of Employment Letter <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Security Card Number | | Fair Work Statement Issued <input type="checkbox"/> Yes <input type="checkbox"/> No |