

Application for Employment

Position Sought					Date			
Base Location	☐ Grafton ☐ Huntingw		gwood	☐ Larapinta	☐ Larapinta ☐ Port N		e 🗆 Taree	
1. Personal Details								
Full Name								
Address								
Town/ Suburb			State			Post Code		
Date of Birth	Мо		Mobile			Home Phone		
Email Address								
Are you an Australian Citizen or Permanent Resident? Have you ever been convicted of a criminal offence?	☐ Yes ☐ No							
Please note that people with criminal records are not automatically excluded from applying for a position. Each application will be considered on its merits. Are you currently or have you ever claimed for any work If 'Yes' please provide details.								
related injury or ailment? 2. Emergency Contact Infor	mation							
Name			Number		Relatio	nship		
Name			Number		Relatio	·		
3. Licence and Qualification	ıs							
Drivers Licence Number		Class		State		Expiry		
Forklift Licence Number						Expiry		
Qualification		Institution				Year Obtained		
Have you completed Basic Fatigue Management (BFM) Training ☐ Yes ☐ No						□ No		
4. Employment History								
Period of Employment	Name of Employer			Position / Duties		Reason for Leaving		



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5.	Employment References			
	Name	Position / Title	Company	Phone Number

6. 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 it is a requirement of employment that all drivers possess or obtain a current forklift licence within 3 months. 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 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.

Name in full		
Signature	Date	