

ROTHERY'S COACHES ROCKHAMPTON

Employment Application



APPLICANT INFORMATION					
Last Name		First		Date	
Street Address				Apartment/Unit #	
City		State		P/C	
Phone		E-mail Address			
Position Applied for					
Are you an Australian Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorised to work in Australia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a criminal offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you prepared to work odd hours and travel away for extended periods if required? YES <input type="checkbox"/> NO <input type="checkbox"/>					
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
DRIVERS LICENCE DETAILS					
Licence No:			State:		
Class (s):			Expiry:		
How long have you held your driver's licence?					
Drivers Authority Number			Expiry:		
Have you ever been convicted of any breach of any relevant Traffic Act or had your licence suspended? YES No If 'Yes' please give details:					

PREVIOUS EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MEDICAL HISTORY		
Do you have any medical conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, what are they?		
Are you taking any medication which affects your mental alertness? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have difficulties hearing with or without a hearing aid? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have any physical restrictions? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what are they?	
Do you have difficulty with sight with or without glasses? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have any back conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what are they?	
Is there any reason you believe that would impair your ability to be able to work for Rothery's Coaches? YES <input type="checkbox"/> NO <input type="checkbox"/>		

UPON SUBMITTING APPLICATION PLEASE INCLUDE:

JOB APPLICATION

RESUME / CV

COPY OF DRIVERS LICENCE (IF APPLYING FOR DRIVING POSITION)

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date