

Employment Application Bus Driver



ACN 074 765 692

CONFIDENTIAL

File No.

INSTRUCTIONS. Note: Incomplete Applications will not be processed.

- 1 DO NOT SUBMIT APPLICATION UNTIL YOU HAVE A CLAIMS HISTORY REPORT FROM WORKCOVERWA/
- 2 **APPLICATIONS RECEIVED WITHOUT THIS REPORT WILL BE REJECTED.**
- 3 Detach the WorkCoverWA form (last page) and follow instructions at the bottom.
- 4 Wait till you receive the Claims History Report - attach it to this Application.
- 5 THEN answer ALL questions on this Application neatly, fully and honestly.
- 6 Sign and date the Application. Submit complete Application to Path Transit.

PERSONAL DETAILS

Surname

Given Name/s

Address

Postcode

Date of Birth Weight * Kgs

* Due to equipment limitations it is necessary for Path Transit to employ drivers whose weight does not exceed 115 kgs.

Phone: (Home) (Work) (Mob)

Are you a permanent resident of Australia YES NO

EMPLOYMENT TYPE APPLYING FOR

Full Time Part Time Casual

LICENCE DETAILS

Licence Class C LR MR HR HC MC

Permit to drive a passenger bus

held applied for
F Extension

Expiry Date Licence Number Demerit Points Status

phone 1300 720 111
to obtain your current status

office use only:

INTERVIEW: time day: date:

Result:

- 1 Have you ever had your drivers licence suspended? _____ YES NO
- 2 Have you ever had a driving conviction involving alcohol? _____ YES NO
- 3 Excluding parking offences, have you been charged with any traffic convictions or infringements within the last 10 years? _____ YES NO

If you have answered 'YES' to any of the above questions, please give details:

CRIMINAL CONVICTIONS

Do you have any criminal convictions? _____ YES NO

If 'YES' provide details, dates etc: _____

WORKERS COMPENSATION/MEDICAL

IMPORTANT NOTE:

Section 79 of the workers compensation Act 1981 gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment wilfully and falsely represented themselves as not having previously suffered from the disability, the subject of the claim for compensation.

Have you ever hurt yourself at work or reported an injury to your employer? _____ YES NO
(If you are unsure, you must contact WorkCover first - telephone: 9388 5555)

Have you ever made a Workers Compensation claim or received a lump sum payment? _____ YES NO

If 'YES' provide details, dates etc: _____

Have you ever had or do you suffer from any of the following conditions:

- 1 Any heart problems including heart attack _____ YES NO
- 2 Any back/neck/shoulder injuries or problems _____ YES NO
- 3 Absence from work due to stress _____ YES NO

If 'YES' provide details, dates etc: _____

Do you have any disability or impairment likely to affect or be aggravated by working as a bus driver? _____

YES NO

If 'YES' provide details: _____

EXPERIENCE & SKILLS

What experience do you have driving buses or heavy vehicles?

Have you ever worked for a public transport provider in Perth? _____

YES NO

If 'YES' provide details, dates etc: _____

What other skills or experience do you possess relevant to this position?

EMPLOYMENT HISTORY

Start with your current or most recent position

Employer	Dates	Position Held	Reason for Leaving
	From To		
	From To		
	From To		
	From To		
	From To		

EMPLOYMENT REFEREES

Complete the following information giving at least two job related (supervisor or manager position) referees

Name	Company	Position	Phone Number

EMPLOYMENT APPLICATION DECLARATION

I declare that the statements given in this application are true in all respects.

I understand that if I give any false or misleading answers to any questions or make any false or misleading statement on this application form it may cause my application to be invalid or, if employed, may be liable for immediate dismissal without notice

I am prepared to undertake any medical examination by a doctor nominated by Path Transit.

I understand that strict conformity with safety requirements and procedures in the Employee Manual & Transperth Service Handbook is required.

I authorise Path Transit to contact the relevant authorities by telephone or other means to confirm the validity of my driving licence and my demerit point status.

If your application for employment is not successful do you give Path Transit permission to retain this application form, and any other material provided or associated with the application, on file for future reference?

YES NO

Signature

Date

PRIVACY STATEMENT

Path Transit is collecting personal information through an application process to enable it to select and recruit staff. Path Transit, its advisors and any persons engaged by them to assist in the selection and recruitment, may use and disclose your information for selection and recruitment purposes. This may include contacting referees nominated by you. Please note that in the event that your application with Path Transit is successful, the personal information that Path Transit holds about you which relates to your selection, recruitment and employment will become an employee record under the Privacy Act (1988). This means that Path Transit will generally be exempt from the requirements of the Privacy Act in respect of that information. Other statutory obligations may apply.

Please complete this CHECKLIST:

- I have answered ALL questions, signed and dated my application.
- I have attached the report I received back from WorkCoverWA.
- I understand you will not process my application if it is incomplete
- I understand a bus driver must be able to follow instructions correctly and you will assess me on how well I completed this Application

Submit complete application, in person or by mail to:

The Recruitment Coordinator
PathTransit Bus Company
51 Truganina Road
MALAGA WA 6090
telephone: (08) 9248 9866





WORKER'S CONSENT TO RELEASE
WORKERS' COMPENSATION INFORMATION
(Must be signed by the Worker)

Section A

Mr Ms Miss Mrs

Worker Surname (print) _____

Worker Given Name/s (print) _____

Former or previous known name/s (print) _____

Date of Birth _____

Address _____
_____ Postcode _____

Telephone Contact No _____

Hereby request and authorise WorkCover WA to release the details of any claims I have made under the Western Australian workers' compensation scheme to:

Section B

Mr Ms Miss Mrs

Recipient's Name DEREK BALDRY

Recipient's Position TRAINING & RECRUITMENT COORDINATOR

Recipient's Company PATH TRANSIT PTY LTD

Recipient's Address 51 TRUGANINA ROAD
MALAGA WA Postcode 6090

Telephone Contact No 9248 9866

Please send do not send me a copy of the information supplied to the person above.

Section C

Worker's Signature _____ Date _____

Witness' Signature (not recipient) _____ Date _____

Witness' Address _____
_____ Postcode _____

Please attach a copy of photo ID, including worker's full name, address and signature (eg., driver's licence, passport), and forward to: Team Leader, Advisory Services
WorkCover WA
2 Bedbrook Place Telephone: (08) 9388 5555
SHENTON PARK WA 6008 Facsimile: (08) 9388 5550

