

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?					
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