

Driver Application



10 Bacon Street
Hindmarsh SA 5007
Phone: +61 8 8440 1620
Fax: +61 8 8440 1699
www.des.com.au

Date:

Full Name:

Preferred Name:

Residential Address:

Suburb:

Post Code:

Home Phone:

Mobile Phone:

Postal Address:

Suburb:

Post Code:

Email:

Date of Birth: ABN:

Are you an Australian citizen? yes no

Visa Details:

Position applied for: Taxi Driver Bus Driver Other

Hours Available to Work: Full-Time Part-time Full or part-time

	M	T	W	TH	F	S	S
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you worked for Des's before: yes no

If yes, please give details

Emergency Contacts

Name	Relationship	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Drivers

Do you have a full SA drivers license? yes no License number: Expiry date:

Do you have any license restrictions? yes no Details of restrictions:

Do you have current accreditation? yes no Class: First obtained: Expiry date:

Do you have current First Aid certificate? yes no Qualification: Expiry date:

Have you completed the Childsafe Environments Training? Provider: Expiry date:

Do you have a Screening & Licensing check? yes no Client number:

Cleared to work with:

Children

Vulnerable Adults

Elderly

Have you ever been convicted of a criminal or traffic offence? yes no

If yes, give details

Have you ever been involved in a motor accident where you were the driver? yes no

If yes, give details

Do you have any health conditions that may affect your ability to perform required duties in the workplace? yes no

If yes, give details

Have you ever received Workers Compensation? yes no

If yes, please provide relevant details

Education Details

Secondary Education:

School: Highest level attained: Year achieved:

Post Education Completed:

Course: Institution: Year achieved:

Course: Institution: Year achieved:

Current Studies:

Course: Institution: Year achieved:

Course: Institution: Year achieved:

Other qualifications:

Qualification: Institution: Year achieved:

Qualification: Institution: Year achieved:

Previous Employment

Name of Employer:

Name of last supervisor:

Dates of employment: From: To:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Previous Employment cont.

Name of Employer:

Name of last supervisor:

Dates of employment: From:

To:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Other Skills:

Interests:

Referees

Please list 2 referees other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information you consider relevant to your application.

I declare that the information in this application is to the best of my knowledge true and correct in every particular. I acknowledge that any wilful suppression, misrepresentation or inaccuracy may render me liable to instant dismissal. I will keep Des's informed of any changes to my details as listed on this form (eg address, emergency contacts etc).

Signature: _____ Date: _____

If unable to sign digitally, signature will be required if an interview is scheduled

Office Use Only

Entered in T/O

Excel

Whyalla

Documents supplied: Drivers License

OPT Accreditation

First Aid Certificate

DFC Screening Check

Childsafe Environment Training

File completed by: _____

Date: _____

Office Use Only - Comments:

Office Use Only - Interviewers Notes:

Office Use Only - Recommendations:

Interviewing Officer: _____ Date: _____