



Application Form – Bus Driver

Name: _____

Address: _____

Phone Number: _____

Mobile Number: _____

Email address: _____

Position applied for _____

Return to : Operations TassieLink Transit

P.O Box 46

Moonah TAS 7009

Email: operations@tassielink.com.au

Please complete this form and provide it along with a cover letter (optional) and a current resume (required) and two workplace references (managers only).

Check list:

- Application Form
- Resume
- Cover Letter (optional)
- Current Drivers License
- References

List your licenses, qualifications and achievements?

Employment History

Please provide the following information about the last three positions you have worked in; including details if you have owned your own business or where contracting.

Employer: _____

Position: _____

Dates employed: From / / **to** / / ____

Reason you left this job:

Employer: _____

Position: _____

Dates employed: From / / **to** / / ____

Reason you left this job:

Employer: _____

Position: _____

Dates employed: From / / **to** / / ____

Reason you left this job:

Personal Information

Please answer the following questions by circling the correct response.

- Do you have permanent residency in Australia? Yes / No
- If not, are you legally entitled to work in Australia? Yes / No
- Are you willing to provide a current police check? Yes / No
- Is there anything else that we should be aware of that may influence our decision in giving you this job? Yes / No

If yes please give details _____

- Do you have any criminal convictions that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes / No (please note that all drivers will require a police check)

If yes please give details _____

Health

It is your responsibility to ensure that you do not have any medical condition that may affect your ability to carry out the functions and responsibilities of the position.

If you have special requirements please provide us with the details to allow us to ensure that our duty of care obligations are managed.

Question	Yes	No	Details / Comments
High or low blood pressure, Heart or circulation problems?			
Asthma, TB, emphysema, bronchitis, other lung problems?			
Diabetes, thyroid or other disease Of your glands?			
Epilepsy, faints or fits, mental or nervous disorder?			
Frequent headaches – migraine Or tension?			
Arthritis, rheumatism, joint pains Or Gout?			
Head or spinal injury? Neck or Back?			
Dermatitis, psoriasis or other Skin complaint?			
Allergies, including drug reactions?			

Question	Yes	No	Details / Comments
Other illness / operations?			
Do you have any medical restrictions?			
Have you ever had any problems with Chemicals?			
Have you ever had any problems with wearing any personal protective clothing or equipment?			
Are you taking any regular medication (prescribed or over the counter) If yes for what condition?			
Have you been involved in any road Traffic or other accidents?			
Do you drink alcohol? If yes in what form and weekly quantity?			
Have you had your hearing checked? If so, when?			
Do you have concerns about your Hearing?			
Do you have problems with your eyesight? Do you wear glasses?			

I agree to attend a medical practitioner if requested by the above named employer.

Yes / No

I agree to provide a current police check to the above named employer.

Yes / No

Is there training you would require to fulfil this position?

Yes / No

If yes give details _____

References

Please provide the names of two work-related referees.

The references should be supervisors or managers and cannot be work colleagues at your level or below. If you are unable to provide management references please outline why and provide optional references.

In providing references, I consent to verbal or written information being obtained from my referees for the purposes of assessing my suitability for this position.

I have notified my references that they may be contacted and understand that the information will be supplied by my references in confidence.

Name: _____

Phone number: _____

Nature of _____ **relationship:** _____

Year of relationship: _____

Name: _____

Phone number: _____

Nature of _____ **relationship:** _____

Year of Relationship: _____

Declaration

I _____ declare that the answers to the questions in this application are true and correct.

I understand that the position as a Bus Driver is dependent on a successful medical and police check.

Signed: _____ Date: ___/___/___