

EMPLOYMENT APPLICATION



ACN 067 806 544

www.southlink.com.au

Position Applied For: _____

Preferred Worksite Location: _____

SouthLink, PO Box 165 Lonsdale SA 5160

CONFIDENTIAL

File No.

Personal Details*			
Family Name			
Given Name/s			
Address	Post Code:		
Date of Birth		Weight*	Kgs
Contact Telephone Numbers	Day:	Mobile	A/Hours:
e-mail address			

*Due to equipment limitations, it is necessary for SouthLink to employ drivers whose weight does not exceed 120 kgs.

Licence Details			
Licence Number		Expiry Date	
Class/s Held			
Accreditation Number (If applicable)		Expiry Date	

Driving History	
Have you ever had your licence suspended? If yes, give full details.	
Have you ever had a driving conviction involving alcohol? If yes, give full details.	
Excluding parking offences, what traffic convictions, including expiation offences, have you been charged with over the last 10 years? Give full details.	
Have you any criminal convictions? If yes, give details.	

Medical	
Have you any medical condition which could impact on your duties for this position? (e.g. previous back injury, neck strains, heart disorder or absence due to stress). If yes give details?	
Have you ever made a Workers Compensation claim?	
Have you ever received a lump sum settlement? If yes, give details.	

Experience & Skills	
What experience and skills do you have in handling cash or ticketing?	
What experience and skills do you have in dealing with public?	
What experience and skills do you have in operating a two-way radio?	
What experience have you had driving buses or heavy vehicles?	
What other skills or experience do you possess relevant to this position?	

Employment History			
Period	Employer	Position Held	Reason for leaving
From	Current, or most recent		
To			
From			
To			
From			
To			
From			
To			

Referees	
Provide two (preferably job related) and telephone numbers.	
Name, position, company	Telephone number
Name, position, company	Telephone number

Declaration
Have you received or applied for any termination payment which would restrict you from applying for this position. If yes give details.

THE APPLICANT'S ATTENTION IS DRAWN TO THE FOLLOWING CONDITIONS

- All SouthLink facilities are alcohol and drug free working environments.
- Smoking restrictions apply in all SouthLink workplaces.
- SouthLink complies with all applicable Anti-Discrimination, Equal Employment Opportunity and Privacy Legislation.

PRIVACY and PERSONAL INFORMATION STATEMENT

In accordance with the Federal Privacy Act 1998 SouthLink is committed to protecting the privacy of its potential employees including the appropriate handling of all personal information. The information you provide in the Employment Application Form is required by SouthLink in order to determine the suitability of an applicant for the purpose of employment with SouthLink. As part of this assessment process and related purposes, SouthLink may need to disclose your personal information to personnel nominated in the Application Form. Failure to provide the requested information may preclude your application being considered. If you wish access to the personal information that SouthLink holds about you in relation to this Employment Application Form, please contact the Human Resource Office on (08) 8186 2888.

APPLICATION DECLARATION

- | | |
|--|--|
| <p>a) I understand that if I give a false or misleading answer to any question on this application form, I will, if accepted for employment, be liable for immediate dismissal without notice.</p> | <p>c) I am prepared to undertake any medical examination by a doctor nominated by SouthLink and allow SouthLink to conduct any criminal record search.</p> |
| <p>b) I understand that strict conformity with safety requirements and procedures in the SouthLink Employee Manual and/or Drivers Manual will be required if I am successful in gaining employment with SouthLink.</p> | <p>d) I authorise SouthLink (or their authorised person) to contact my referees.</p> |

Signature of Applicant:

Date:



Request for Workers Compensation Information in South Australia

Name of employer requesting release of information:

SouthLink Pty Ltd

This form allows the employer named above to request information, to be released to you, about any workers compensation claims you have lodged in South Australia. Completing and signing this form authorises the employer to forward it to WorkCover SA, who will then provide to **YOU** information about any workers compensation claims for which you have received compensation in South Australia.

YOU ARE NOT OBLIGED TO SUPPLY INFORMATION ABOUT YOUR WORKERS COMPENSATION CLAIMS TO A POTENTIAL EMPLOYER

Please provide your details below, read the 'authorisation' statement then sign and date this form.

Full name – please print:

Address – please print:

Telephone number/s:

Date of birth:

I understand that signing this form authorises the employer named above to send it to WorkCover SA who will then write to me advising:

- the date and type of any injuries/diseases for which I have received workers compensation in South Australia, OR
- that I have no workers compensation claims in South Australia.

This authority is invalid once WorkCover has acted upon it. I understand that I may give this information to the employer if I choose to do so, but that I am not obliged to give it to the employer. I understand that the employer will treat this information as confidential and it will be used only in the assessment of my ability to undertake the work required.

.....
Signature

.....
Date

WorkCover use only:	
Request processed and information released to worker on ____/____/____	
Processed by: _____	Signature: _____