



Brisbane Bus Lines

BRISBANE QUEENSLAND AUSTRALIA

Employment Application Form

The information supplied in this document will remain strictly confidential between the applicant and Brisbane Bus Lines. This application must be completed in the applicant's own handwriting. This application form is not an offer of employment.

Position applied for: _____ **Date:** _____

Surname:		Given Names:	
Address:			
Postcode:		Email Address:	
Telephone No:			
Alternative Phone Contact:			
Date of Birth:		Age:	
Next of Kin:		Relationship:	Contact:
Education & Training			
Highest Grade: Secondary:			
Tertiary:			
Additional Trade/ Other Qualifications:			
Details of any Advanced Driver Courses attended:			
Details of any Current Training/Studies currently being undertaken:			

License Details (Copy Attached)		
Driving and Traffic History		
Do you have any DUI, traffic or criminal convictions? Do you have any DUI, traffic or criminal charges pending?		
If so please list below.		

Employment History

Company Name	Position Held	Commenced	Finished	Relevant Experience/ Vehicles driven

Referees:

	Name	Position/Company	Contact Number
1.			
2.			
3.			

Are you willing to work overtime, weekends, night or split shifts? No Yes

Conditions of Employment with Brisbane Bus Lines (referred to as the Company)

1. In accordance with the Workplace Health & Safety Act, you are required to exercise due care at all times whilst in the employment of Brisbane Bus Lines.
2. You may be asked to supply from Queensland Transport records a copy of your drivers licence record relating to the accumulation of any demerit points and/or any offence under the traffic regulations.
3. You may be asked to supply on request details of any criminal record at any time prior to or during the term of employment.
4. Alcohol is not to be consumed less than ten (10) hours prior to assuming duty.
5. Smoking is not permitted within any Company vehicle at any time.
6. Theft from the Company in any way will result in instant dismissal.
7. All accidents are to be reported immediately, no matter how trivial or minor. Failure to report incident may lead to suspension from duty or dismissal.
8. You may be required to undergo a medical examination as outlined by the Company prior to or during your employment.
9. The first six (6) months of employment are considered to be on a probationary basis. During that time, or at the completion of that time, your employment may be terminated without prior warning.
10. You are required to report any incidents that occur in company vehicles involving Police, Transport Authorities or any other official organisation to the Company as soon as possible. Failure to report incident may lead to suspension from duty or dismissal.

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Applicants Declaration

I declare that all the statements that I have made on this application are true to the best of my knowledge. I understand that any false statement of material facts may affect the success of this application.

I also acknowledge that if I make a false or misleading disclosure in relation to my medical history, pursuant to section 571C of the *Workers' Compensation and Rehabilitation Act 2003 (Qld)*, I may not be entitled to compensation or to seek damages for any event that aggravates the pre-existing injury or medical condition that I have failed to disclose.

I am willing to maintain the Company rules, policies, standards of safety, courtesy and neatness at all times. I undertake, if employed, to take due care of Company property, clothing, equipment and Monies.

SIGNATURE OF APPLICANT _____ **DATE** _____

DO NOT FILL IN BELOW THIS LINE UNTIL REQUESTED

Appointment Details: (Office Use Only)
Start Date: _____
Classification: <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Casual/Casual On Call
Base Wage: _____
Special Conditions: _____
Employee Number: _____

I agree with the above appointment details and conditions and hereby authorise the Company to pay my wages into the Bank Account indicated below

Bank (e.g.: NAB)	BSB & Branch Name	Account Number	Account Type

Employee's Signature: _____ **Date:** _____

Signed on behalf of Brisbane Bus Lines:
Company Representative Signature: _____ **Date:** _____