



# RODNEY'S TRANSPORT SERVICE

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## APPLICATION FORM FOR HEAVY VEHICLE DRIVERS

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

### 1. PERSONAL INFORMATION

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address: \_\_\_\_\_ Town/Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Relationship Status:  Single  Married/Partnership  Divorced  Separated

### 2. DRIVING INFORMATION

Licence Number: \_\_\_\_\_ Points remaining to date: \_\_\_\_\_

Licence Class:  HR  HC  MC Licence Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of time licence class held  HR \_\_\_\_\_  HC \_\_\_\_\_  MC \_\_\_\_\_

Please indicate if you have had driving convictions in the previous 5 years for any of the following:

Drink Driving  Yes  No Negligent Driving  Yes  No Dangerous Driving  Yes  No  
Speeding  Yes  No Culpable Driving  Yes  No

Please indicate if you have had convictions in the previous 5 years for any of the following:

Alcohol offences  Yes  No Drug Offences  Yes  No Other Criminal offences  Yes  No

Have you been involved in any heavy vehicle road accidents in the past 5 years?  Yes  No

Have you ever had your driving licence declined or cancelled?  Yes  No

Have you ever had vehicle insurance declined or cancelled?  Yes  No

If you have answered yes to any of the above, please give details of offences and or court findings:

Date of Offence: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Offence: \_\_\_\_\_

Circumstances surrounding offence: \_\_\_\_\_

### 3. EMPLOYMENT INFORMATION

What type of employment are you looking for?  
*If you ticked full time/permanent:*

Full time/permanent  Casual

Are you available and able to work 6 days/week?

Yes  No

Have you previously had **BULK/TIPPER** experience?

Yes  No

*If you answered yes, please describe (including length of time, type of vehicles, location of work etc):*

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Have you had experience with any of the following **Bulk Loads**?

Fertilizer  Grain  Gypsum  Meal  
 Waste  Lime  Other \_\_\_\_\_

Have you previously had **GENERAL** experience?

Yes  No

*If you answered yes, please describe (including length of time, type of vehicles, location of work etc):*

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Have you had experience with any of the following **General Freight**?

Paper Reels  Lead Acid Batteries  DG (Dangerous Goods)  
 Bottled Water  General Freight  Other \_\_\_\_\_

Have you previously been terminated by an employer?

Yes  No

*If you answered yes, please describe the circumstances of your termination:*

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Do you have any of the following licences or accreditation?

Cert III (Road Transport)  BFM (Basic Fatigue Mgt)  DG (Dangerous Goods)  
 MSIC (Maritime Security Induction Card)  Forklift  Other \_\_\_\_\_

Do you have any diagnosed medical conditions? *If you answered yes, please describe; should you fail to record any known medical conditions and as a consequence your capacity to undertake work-related tasks are impeded, your employment may be terminated.*

Yes  No

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Have you ever lodged a Workers Compensation claim?

Yes

No

If you answered yes, please provide details – failure to provide accurate and up-to-date details may result in termination of your employment at any time.

**PREVIOUS EMPLOYMENT HISTORY**

Please provide the following information regarding your previous heavy vehicle work experience.

(Commence with your most recent employer/contract)

Name of Employer	Job Description	Start and finish dates
1. _____	_____	/ / to / /
2. _____	_____	/ / to / /
3. _____	_____	/ / to / /

Please provide the following contact details for 3 referees, with 1 of the referees preferably being your most recent employer:

Name of Referee	Name of company referee is employed/working for	Contact telephone number of referee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please provide any additional information that you may feel is relevant to your application for a position as a heavy vehicle driver with our company:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE**

1. A current RMS or relevant state licence printout **MUST** accompany this application
2. All employees must successfully complete a **6**-month probation period before being offered full time/permanent or ongoing casual employment
3. All employees will be required to undertake the RTS company **INDUCTION** and other relevant training
4. If employed by RTS **ANNUAL HEALTH ASSESSMENTS** will be required and the cost of these will be met by RTS
5. If you leave RTS within 12 months of completing training that has been funded by RTS, you will be responsible for **REIMBURSING** the company any costs associated with training undertaken within that 12-month period
6. As required in the National Employment Standards the length of notice required following the successful completion of your 6-month probation period is linked to years of service. Failure to provide this notice will result in a forfeiture of the required week's earnings pay

Signature: \_\_\_\_\_ Date: / /