



APPLICATION FOR EMPLOYMENT

PLEASE WRITE CLEARLY. COMPLETE ALL SECTIONS AND PROVIDE AS MUCH DETAIL AS POSSIBLE.

General

Date of Application: _____ Position Applied For: _____

Full Name: _____ Date of Birth: _____

Current Address: _____ Postcode: _____ State: _____

Previous Address (if not at current address more than 12 months): _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Other Forms of Contact (Fax/e-mail): _____

Next of Kin (person to notify in emergencies): _____ Relationship: _____

Next of Kin Address: _____

Next of Kin Phone Contact/s: _____

Employment History

List previous 5 employers in order of last employer (1):

Employer Name	Location (suburb/town)	Phone No. (if known)	Position held (eg: driver)	Employment (from - to)	Reason for leaving

PO Box 2027, Taren Point NSW 2229

☎: 8543 3400 📠: 8543 3411

✉: sales@bcsands.com.au 🌐: www.bcsands.com.au

Yard Address: TAREN POINT 26 Atkinson Road NSW 2229

MASCOT Cnr Ross Smith Avenue NSW 2020

ABN: 83 002 589308 ACN: 002 589308

Accident History

List all vehicle accidents in the last 5 years: (if none, write 'None')

Date (approx)	Nature of accident (eg: single vehicle, head on, rear-ender)	\$ Damage (your vehicle)	At fault? (Y / N)	Injuries/fatalities? (details)

Licenses & Qualifications

List current licenses or authorisations (eg: drivers licence, Dangerous Goods licence, forklift, plant tickets, and TFMS certification)

Type/classes	Licence/Authorisation No	State of Issue	Expiry Date	Years Held

Have you had your driver's licence cancelled or suspended? **No** **Yes** If Yes provide details:

Provide details of demerit points lost (or pending to be lost) for previous 3 years: - ATTACH RTA REPORT - This is required for all driving application positions

Type of Offence	Points Lost	When (approx date)	Comments

I agree to provide BC Sands with either, 1) a photocopy of my current drivers licence **or** 2) allow the company to sight and record my licence details.

Please Tick: Allowed photocopy **or** Produced licence to allow recording of details.



Are you prepared to sign a letter of authorisation for BC Sands to obtain details of your driving history from the relevant roads and traffic authority? No Yes **Now and during the period of your employment**

NOTE: As part of your employment conditions, you are required to provide a print out of your licence every 12 months. The company will pay the cost of this requirement.

Are you a member of the Transport Workers Union? No Yes * If Yes provide details:

- Please note that answering the above question is optional. TWU

Have you ever been convicted of a criminal offence? No Yes If Yes provide details:

Driving Experience

List your previous driving/work experience (including military service) starting with the most recent and working back:

Vehicle Type (eg: Rigid, Semi, B-Double, Road Train)	Type of Work (eg: tipper, fridge, general)	Number of Years Experience (eg: 2 years)	When Experience Gained (eg: 1997-1999)	Whilst employed by: (eg: XYZ TPT)

Other Experience (if applicable):



Education

List highest standard achieved at school (include where and when): _____

List any other courses, tertiary education, training or qualifications that may help in your work with this company:

What	When	What	When

Medical History

Do you have a history of heart conditions, blood pressure or any other conditions that would be relevant in the case of an emergency? No Yes If Yes provide details:

Are you currently, or have you received any form of worker's compensation? No Yes If Yes provide details:

Do you have any claims pending or intend to lodge claims against former employers? No Yes If Yes provide details:

Are you prepared to sign a letter of authorisation for this Company to obtain details of you workers compensation history from the relevant WorkCover authority? No Yes

Do you have any physical, mental or learning disability or condition, which the Company may need to accommodate if employed as a driver? (Refer Job description for employment specifications. Ask if not provided) No Yes If Yes provide details:

Are you a Diabetic: No Yes Are you allergic to penicillin or any other recuperative medicine? No Yes

Are you on any medication that a hospital should know about for evaluative purposes? No Yes If Yes provide details:

Blood Type: Doctor's name: _____ Address: _____



BC Sands reserves the right to require you to undergo a pre-employment medical and/or a physical & functional assessment. If your application is successful, on-going medical examinations by a Company appointed doctor. The purpose of the medical is to ensure you are well enough to drive safely. As such, the national Driving Licensing Authorities 'Assessment of Fitness to Drive' standard is used.

Do you agree to undergo medical examinations by a Company appointed doctor? No Yes

BC Sands also reserves the right of Drug testing all applicant's by way of urine screening. This test will be conducted by an approved laboratory for use of any of the following drugs, AMPHETAMINES, METHAMPHETAMINES, OPIATES, MARIJUANA, COCAINE and BENZODIAZEPINES as a part of your pre-placement medical procedure.

To assist in identifying any health issues you may have or have had, do you experience or have you experienced any of the following conditions? (Circle Yes or No)

Neck Problems	Yes/No	Back Problems	Yes/No
Blackouts	Yes/No	Swelling of joints	Yes/No
Depression	Yes/No	Pain in the arms	Yes/No
Diabetes	Yes/No	Blood pressure	Yes/No
Hip, knee or foot injuries	Yes/No	Fit or convulsions	Yes/No
Kidney disease	Yes/No	Hernia	Yes/No
Lumbago	Yes/No	Spinal injuries	Yes/No
Mental disorders	Yes/No	Head injuries	Yes/No
Loss of hearing	Yes/No	Asthma	Yes/No
Epilepsy	Yes/No	Abdominal trouble	Yes/No
Gastric ulcer	Yes/No	Nervous disorders	Yes/No
Allergies	Yes/No	Arthritis	Yes/No
Respiratory problems/Asthma	Yes/No	Any condition which limits bending or lifting	Yes/No
When was the last time you had your eyes checked	_____	Chest Pain	Yes/No

Other: _____

Please specify: _____

I hereby declare that my answers are honest and true and I have not withheld any information regarding my past or present health. I understand that failure to disclose information on all pre-existing injuries or illnesses means that I may not be entitled to workers' compensation if the nature of the job aggravates a pre-existing injury of illness. I consent to undertake a medical examination and/or a physical & functional assessment and urine drug screen.

Applicant's Signature : _____

Date: _____



Drug and Alcohol

I understand that BC Sands is committed to a Drug and Alcohol free work place and as such I consent to random Drug and Alcohol testing.

Employee Signature _____ **Date** _____

Smoking Policy

Smoking within company vehicles is strictly prohibited due to Occupational Health and Safety Requirements.

Daily run sheets must be completed and handed in on a daily basis.

How much notice do you need to give to your current employer before you can start with us? Please Circle.

NIL **1 WEEK** **2 WEEKS** **3 WEEKS** **1 MONTH** or **OTHER** (please indicate): _____

STATUTORY DECLARATION TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorise BC Sands to make such investigations and inquiries on my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers, government authorities and other persons from all liability in responding to inquiries and releasing information in conjunction to my application.

In the event of employment, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of employment. I also understand that I am required to abide by all policy, procedures, guidelines and rules of the Company.

I understand that if I am successful in gaining a position with the Company I will be on a probationary period of 90 days from commencement of employment during which time my performance will be monitored.

I authorise BC Sands to recover the cost of any fines that I incur in the company name as a result of my complete disregard for the law. This includes acts such as excessive speed, red light cameras, littering and certain parking infringements.

Name of Applicant: _____

Name of Witness: _____

Signature of Applicant: _____

Signature of Witness: _____

Date: _____

Date: _____

↓ TO BE COMPLETED BY ADMINISTRATION STAFF ↓

Application meets company criteria? Yes No

		Completed (Y/N)	Comments / Records on File	Not Acceptable	Acceptable	Above Average
1	Application Form					
2	Required License/s					
	- License Printout					
3	Relevant Experience					
4	Interview					
5	Past Employment					
	- References Checked					
6	Accident History					
7	Criminal Convictions					
8	Knowledge Quiz					
9	Road Test					
10	Driver Profile / Analysis					
11	Medical Assessment					
12	Workcover Claims					
13	Insurance Check					

Employment Detail

Position: _____

Approved by: _____

Start date: _____

Letter of Offer sent (date): _____

Induction date: _____

Inducted by: _____

Probation Review by: _____ Date: _____

Result: _____

Any other comments: