

PISCIONERI TRANSPORT SERVICES PTY LTD



EMPLOYMENT APPLICATION

Name: _____

Depot: _____

Position Applied For: _____

-Confidential-

Employee Details	
Name in full	
Date of Birth	
Residential Address	
Postal Address	
Phone Number	
Mobile Number	
Email Address	

Previous Employment			
From/To	Position Held	Company	Reason for leaving

Licences				
Vehicle				
Class	State	Years Held	Number	Expiry Date
Fork Lift				
Number		State		Issue Date
Basic Fatigue Management				
Yes	No	Date Trained:		

Driving Experience:

Please tick the licence category of the vehicle you will be driving in this job, and fill in how many years experience and average kilometres travelled per journey.

MC _____years	200 Klms	450 Klms	850 Klms	over 850 Klms
HC _____years	200 Klms	450 Klms	850 Klms	over 850 Klms
HR _____years	200 Klms	450 Klms	850 Klms	over 850 Klms

Driving History for the Last 10 Years.

Have you been convicted for:

Driving under the influence?	yes	no
If yes, what type of vehicle were you driving?	truck	car
Driving under the influence of drugs?	yes	no
If yes, what type of vehicle were you driving?	truck	car
Driving dangerously, at fault, negligently or without due care ?	yes	no
Speeding at over 15-30 km/hr or more in the last 12 months?	yes	no
Have you ever had your licence endorsed, suspended or Cancelled?	yes	no
Have you held a licence interstate, other than the licence Number stated on this form, within the last 5 years?	yes	no
Have you ever been convicted of a criminal offence?	yes	no
Have you ever been convicted of a drug offence?	yes	no

REQUIREMENT TO DECLARE ALL PRE-EXISTING INJURIES.

Piscioneri Transport Services (PTS) is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure all employees are not required to perform any duties that they are not able to perform safely. With that in mind, below you will find a thorough description of the position and nature of the work for which you are applying.

The nature of your proposed employment with PTS is as follows:

- Check brakes, oil, tyres, and electrical systems.
- Drive defensively and handle all road conditions.
- Load/unload pallets into a van using a pallet jack.
- Ensure the load is correctly positioned and secured by means of ropes, chains, and plywood and load restraint bars.
- Calculate and estimate the weight of loads to comply with mass weights.
- Couple and uncouple trailers.
- Clean, refuel and maintain vehicles.
- Ensure all documentation is completed and handed into depots.
- Maintain checks on fridge motors and temperatures of produce.
- All manual work includes heavy lifting, excessive noise, and enclosed spaces.
- Drivers are continually climbing in and out of trailers.

Pursuant to S82(7) and (8) of the *Accident Compensation Act*, which came into effect on 29 June 1998, you are required to disclose to your employer any pre-existing injury, or disease that you have suffered, of which you are aware and could reasonably be expected to foresee, could be affected by the nature of the proposed employment referred to above.

We advise that a failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the *Accident Compensation Act 1985*, should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of or due to the nature of employment with PTS.

PTS will rely upon any failure to disclose in accordance with the provisions of the *Accident Compensation Act* as grounds for denying compensation in accordance with S82(7) and (8).

Please disclose in the space provided any pre-existing injuries or diseases that you have suffered that could be affected by the nature of your proposed employment with PTS.

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OH&S

1. I am aware that the position has a mandatory probation period of six months.
yes no
2. I am aware that I must not use derogatory or foul language in the workplace.
yes no
3. I am aware that should I have any problems or concerns I am able to speak to my supervisor.
yes no
4. I am aware that smoking is only permitted in designated areas.
yes no
5. I am aware that I am not permitted to attend or commence work under the influence of drugs or alcohol.
yes no
6. I am aware that I have an obligation to work safely and to follow all posted site rules.
yes no
7. I am aware that I have an obligation to report all injuries, incidents and hazards to my supervisor.
yes no
8. I am aware that in the event of an accident I must complete an Accident Report Form and not to admit liability. I must also notify Mildura Depot immediately.
yes no
9. I am aware that I can ask for a Health and Safety Representative or a Safety Committee to be established in my workplace, and that I am able to talk to them about safety issues.
yes no
10. I am aware that if I am injured I am required to consult a company-preferred doctor for treatment.
yes no
11. I am aware that if I am injured I will be required to participate in a Return To Work (RTW) if directed by the company.
yes no
12. I am aware that I am only permitted to operate equipment that I am licensed or trained to operate.
yes no
13. I am aware that all depots have a notice board where company announcements are posted.
yes no

Applicants Declaration:

I understand and agree to the following:

- That completing this application will in no way assure that I will be interviewed or employed. Furthermore, I acknowledge that if I am employed, I am under a probation period that expires six months from the start date indicated, and that if the company terminates my services during, or at the end of my probation period, it does not have to provide a reason.
- I hereby authorise Piscioneri Transport Services (PTS) to investigate my previous record of employment to ascertain any and all information, which may concern my record as an employed person.
- To be paid under any legally binding Agreement as indicated in this application.
- If the company requires, I consent to undertake a medical examination, at my own expense and I authorise the release of any relevant information associated with any pre-existing injury to the company.
- I hereby authorise PTS to retain the information within this form for a period of up to 12 months from the date of the application.
- Should I become an employee of PTS I will not disclose any information that has been provided to me, or the company, unless I am directed to, or required to, to discharge my responsibilities as an employee of PTS.
- I will not pass on any personal information about employees, or commercial information about customers and suppliers, outside my responsibilities with PTS for any reason whilst or after cessation of employment with PTS. Furthermore, I agree to be bound by this agreement and understand that should I be found in breach of this undertaking, I may face legal action.
- I completed this application: all entries on it and the information in it are true and complete to the best of my knowledge. Any misrepresentation of information given shall be considered an act of dishonesty and could result in my discharge from PTS if employed.

Printed Name.....

Signature.....

Date.....

Piscioneri Transport Services Employee Banking Details

Employee Name _____

Bank _____

Branch Address _____

BSB Number _____

Account Number _____

Account Title _____

Choice of Superannuation Standard Choice Form

I request that all future superannuation guarantee contributions will be made to the following fund:

Fund Name

Membership Number

Account Name

Fund ABN Number (if Applicable)

Superannuation product identification number (if applicable)

Phone Number

Next of Kin Details

Your Name: _____

Phone: _____ Mobile: _____

Address: _____

IN AN EMERGENCY WHO DO WE CONTACT

NAME	RELATIONSHIP	PHONE NUMBERS

Signature _____ **Date** _____

UNIFORM ORDER FORM

To comply with OH&S requirements, it is compulsory for all staff to wear Hi-Vis shirts at most depots, markets and businesses whilst loading/unloading.

Please choose from the following samples stating size and number of shirts required:



Hi Vis Polo

Green Polo

Business Shirt

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All employees will get the first three items at \$13.00
Any more after three will be at full price of \$26.00

Name _____

Signed _____ Date _____

This Application must also have the following:
Tax Declaration Form (Available from any Post Office)
For Drivers a copy of a 5 Yr licence Print Out
a photo copy of your Licence

This Application form is to be sent to
Piscioneri Transport Services
Att: HR Manager
PO Box 1988 CP Mildura
Victoria 3501