

HAVE YOU HAD ONE OR LESS OF THE FOLLOWING?

- a) any license suspension in the last 10 years? YES NO
- b) any traffic convictions involving the consumption of alcohol in the last 10 years? YES NO
- c) any traffic convictions involving dangerous driving in the last 10 years? YES NO

DETAILS: _____

MEDICAL

Have you ever had, or do you have, a serious medical condition such as heart failure, diabetes, epilepsy, sleep disorders, muscular dystrophy, psychiatric illness? (If yes, please give details)

YES NO

Are you prepared to undertake full medical and functional assessment prior to commencing employment?

YES NO

DETAILS OF OTHER MEDICAL CONDITIONS:

IMPAIRMENT

Do you have a disability, injury or impairment likely to affect your work, or would be likely to be aggravated by your work as a bus driver? (If yes, please give details)

YES NO

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WORKERS COMPENSATION CLAIM

Do you or have ever had a workers Compensation Claim likely to affect your work, or would be likely to be aggravated by your work as a bus driver? (If yes, please give details)

YES NO

DETAILS OF WORKERS COMPENSATION CLAIM:

EDUCATION

List the highest level of education achieved, i.e., high school, tertiary, trade school, any other education including current studies.

Institution	Course	Year		Level attained
		From	To	

EMPLOYMENT HISTORY

Please describe your employment history in the table shown below, and indicate the skills you have gained or used in these occupations, which are relevant to the position applied for. Please state your most recent employment first, and indicate the name and contact number (where possible) of your previous employers.

Job Title & Brief Description of Duties	Period of Employment (Approx. Dates)	Skills Gained	Name & contact:

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REFERENCE INFORMATION

Please complete the following; giving details of referees we would be able to contact from your current or previous employment, should we require additional information to that contained in your application form.

EMPLOYER'S NAME & ADDRESS	REFEREES' NAMES & POSITIONS	CONTACT NUMBER

DO YOU HAVE ANY OBJECTIONS TO OUR OBTAINING INFORMATION FROM:

- a) Present Employer YES NO
- b) Previous Employer YES NO

(If yes, please specify)

I declare the statements in this application are true in all aspects.

I give permission for Sawtell Coaches to obtain information about my driving record, criminal report, and previous work history.

I acknowledge that I may be required to furnish proof of any statement made in my application, and that any statement, which is found to be false or deliberately misleading may cause my application to be invalid, or I may be liable for dismissal if employed.

SIGNATURE

DATE

Sawtell / Sahdra BusLines

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