

APPLICATION PACKAGE

Please return to: <Operations Manager>
 < Depot Address >

Where did you hear about our positions with Swan Transit?

SWAN TRANSIT WEBSITE	<input type="checkbox"/>	WORD OF MOUTH	<input type="checkbox"/>	SWAN TRANSIT EMPLOYEE	<input type="checkbox"/>
ADVERT ON REAR OF BUS	<input type="checkbox"/>	NEWSPAPER	<input type="checkbox"/>	INTERNET RECRUITMENT SITE	<input type="checkbox"/>

Privacy Statement: Swan Transit is collecting personal information through an application process to enable it to select and recruit staff. Swan Transit, it's advisors and any persons engaged by them to assist in the selection and recruitment may use and disclose your information for selection and recruitment purposes. This may include contacting any referee nominated by you. Please note that, in the event that your application with Swan Transit is successful, the personal information that Swan Transit holds about you, which relates to your selection, recruitment and employment by Swan Transit will become an employee record under the Privacy Act (1988). This means that Swan Transit will generally be exempt from the requirements of the Privacy Act in respect of that information. Other statutory obligations may apply.

EMPLOYMENT APPLICATION

SURNAME (BLOCK LETTERS) _____

GIVEN NAMES _____ **D.O.B** _____

ADDRESS _____ **POST CODE** _____

CONTACT NUMBER _____ **WORK** _____ **HOME** _____

POSITION APPLIED FOR _____ Full Time Part Time Casual

CLASS OF DRIVERS LICENCE C LR MR HR **HIRE & REWARD**

DRIVERS LICENCE NUMBER _____ **STATE** _____ **EXPIRY DATE** _____

MARITAL STATUS _____ **SPOUSE NAME** _____

EMERGENCY CONTACT _____

CONTACT PHONE NUMBER (H) _____ (W) _____ (M) _____

LEGAL AND ORGANISATIONAL PROFILE:

Place of Birth _____ Are you a permanent resident of Australia? **YES** **NO**

HAS THERE BEEN:

a) Any licence suspension?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
b) Any traffic convictions involving the consumption of alcohol?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
c) Any dangerous driving convictions?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
d) Any demerit points listed against your licence at present?	# OF POINTS	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YES TO ANY OF THE ABOVE QUESTIONS PLEASE PROVIDE DETAILS:

WORKING WITH CHILDREN PERMIT

Would there be any reason why you would not be able to obtain a Working With Children Permit? **YES** **NO**

CRIMINAL CONVICTIONS

HAVE YOU HAD ANY CRIMINAL CONVICTIONS

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide details _____

WORKER'S COMPENSATION CLAIMS

Have you ever been injured during the course of your employment?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Have you ever made a Worker's Compensation Claim?

<input type="checkbox"/>	<input type="checkbox"/>
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Have you ever received a Worker's Compensation lump sum settlement?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please provide details _____

Important Note: Section 79 of the Worker's Compensation Act 1981 gives the Workers' Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment wilfully and falsely represented themselves as not having previously suffered from the disability, the subject of the claim for compensation.

MEDICAL

Have you ever had, or do you have, a serious medical condition such as a heart attack, stroke or back injury, etc

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide details _____

WEIGHT RESTRICTIONS

Due to equipment restrictions, it is necessary for Swan Transit to employ staff who weigh less than 120kg. Is your current weight below 120kg?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

IMPAIRMENT

Do you have a disability or impairment likely to affect your work, or likely to be aggravated by your work as a bus driver?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide details _____

EMPLOYMENT HISTORY

Please describe your employment history in the table shown below, and indicate the skills you have gained or used in these occupations. Please state your most recent employment first, and indicate the name and contact number (where possible) of your previous employers. Please include any previous bus driving history.

JOB TITLE & BRIEF DESCRIPTION OF DUTIES	PERIOD OF EMPLOYMENT (APPROX DATES)	SKILLS GAINED/USED	NAME & CONTACT:

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 respects.

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

CHECK LIST

Have you completed:

- a) Your Name and Address
- b) Contact Number
- c) The Legal and Organisational Profile
- d) Employment History
- e) Reference Information
- f) Signature and date on this page
- g) WorkCover Letter

CODE OF CONDUCT

©	Assist Swan Transit customers by acting in a courteous caring manner and ensuring a safe, comfortable journey
©	Provide prompt, friendly and helpful service to charter groups and ensure that commitments are kept
©	Follow Swan Transit guidelines regarding the discipline of passengers on buses
©	Relate to fellow Swan Transit employees in a caring and respectful manner
©	Drive any company vehicle economically and carefully in accordance with relevant road laws and Swan Transit policies
©	Report vehicle mechanical defects in the prescribed manner
©	Report accidents and incidents in the prescribed manner
©	Wear the uniform in the prescribed manner. Launder and maintain the uniform regularly, and display a high standard of personal grooming and hygiene
©	Be responsible for cash and tickets in your care, and ensure that all revenue is collected and paid in
©	Accurately complete all necessary recording procedures eg daily journals, time records, customer loadings, fuel and charter records
©	Observe all Swan Transit working practices and carry out reasonable 'other' duties if requested to do so
©	Sweep out and fuel bus
©	Monitor vandalism, report offences and assist in identifying offenders
©	Participate in training programs as required
©	Adhere to company Drug & Alcohol Policy and 'no smoking' policy in company vehicles and buildings
©	Maintain a Working With Children Permit
©	Report any matters relevant to the currency of driver's licence and if charged with a criminal or civil offence report all details to Swan Transit management
©	Declare any disability which may prevent the adequate performance at work
©	Work in accordance with Swan Transit occupational health and safety policies and act in a manner that does not risk the safety of passengers, fellow road users or other employees
©	Check notice boards daily and adhere to all directives and other information displayed
©	Adhere to dispute resolution and disciplinary procedures
©	Keep all commercial information confidential

Employee's Name: Signature:

Date:



**WORKER'S CONSENT TO RELEASE
WORKERS' COMPENSATION INFORMATION**

(Must be signed by the Worker)

Section A	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>
Worker Surname (print)	_____
Worker Given Name/s (print)	_____
Former or previous known name/s (print)	_____
Date of Birth	_____
Address	_____
	_____ Postcode _____
Contact Telephone No	_____

Hereby request and authorise WorkCover WA to release the details of any claims I have made under the Western Australian workers' compensation scheme to:

Section B	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>
Recipient's Name	_____
Recipient's Position	_____
Recipient's Company	_____
Recipient's Address	_____
	_____ Postcode _____
Telephone Contact No	_____

Please send do not send me a copy of the information supplied to the person above.

Section C	
Worker's Signature	_____ Date _____
Witness' Signature (not recipient)	_____ Date _____
Witness' Address	_____
	_____ Postcode _____

Please attach a copy of photo ID, including worker's full name, address and signature (e.g., driver's licence, passport), and forward to:

Team Leader, Advisory Services
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

Enquiries: (08) 9388 5555
Facsimile: (08) 9388 5550

