

PRE-EMPLOYMENT QUESTIONNAIRE AND APPLICATION

PERSONAL DETAILS

Name:	
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Address:				
	Postcode:			

Telephone:	Home:	Mobile:
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Position applying for:	
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Full Time/Part Time/Casual	
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Are you legally entitled to work in Australia?		Yes	No
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You will be required to provide a copy of these documents during the recruitment process.

EDUCATION

Please list your education in reverse order (ie. most recently completed first)

Name of School/College/University	Dates Attended	Level/Status Attained

Studies Currently in Progress

Name of Institution	Course/Status	Anticipated Date of Completion

Please list any other qualifications/training which you believe to be relevant to this position (for example first aid certificate, Fatigue Management competency unit)

LICENCE DETAILS

Number:	Class:	Expiry:	State:
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LICENCE EXPERIENCE

MC Years:	HC Years:	HR Years:	Car Years:
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PREVIOUS EXPERIENCE

Current Employer	Position	Nature of Employer's Business	Why are you seeking new employment?

Please list your last 3 employment situations:

Employer	Position	Period		Reason for Leaving
		From	To	

May we contact your present and past employers for further information?

Yes

No

If so, please provide details of reference contacts:

Name	Company	Position	Phone

Please note that we may contact other persons in addition to the persons named above

DISCLOSURE OF PREVIOUS CONVICTIONS

Wightman Transport requires you to disclose details of any previous conviction that has been recorded against you, in order to assess your suitability for the position. You will be required to provide a copy of your 'National Crime Check' dated within last 6 months.

You do not need to disclose any *spent* criminal convictions within the meaning of "spent conviction" in the *Spent Convictions Act 2009 (SA)*.

Have you ever been convicted of a criminal offence?

Yes

No

If yes, please provide details, including the date(s) of the offence(s), the offence(s) you were convicted of, and any penalty imposed on you.

Please provide details of all traffic infringements in the last 5 years:

As part of Wightman Transport's policies it is a requirement to provide a copy of your demerit point status at

commencement of employment and ongoing (bi-annual & as requested dependant on status).

MEDICAL QUESTIONNAIRE

Wightman Transport aims to ensure that potential employees are suited to the job for which they have applied.

Wightman Transport may therefore require you to undergo a pre-employment medical examination.

The questions below (with the exception of any that we have indicated are not relevant) must be answered fully.

Wightman Transport may supply the information to a medical practitioner to assist him or her in forming an opinion about your capacity to perform the position for which you have applied.

By signing this form you are consenting to the information contained in this questionnaire being released to the medical practitioner for this purpose.

Have you ever left a job or changed occupation because of your health?

Yes

No

Have you ever suffered an injury that has left you with a permanent disability?

Yes

No

Have you ever applied for worker's compensation?

Yes

No

If yes, please answer these questions as they relate to all claims you may have made:

(a) Who was your employer?

(b) What was your date of injury?

(c) What were your injuries/illness?

(d) Was your claim accepted?

(e) How much time did you lose from work?

(f) Did you receive payment for permanent disability?

Yes

No

(g) If so, what percentages were assessed?

Have you ever made a claim (other than workers compensation) for any type of accident or illness? Yes No

If yes

(a) What happened? _____

(b) What was the date of injury? _____

(c) Against whom was the claim made? _____

(d) Was your claim accepted? _____

(e) What were your injuries/illness? _____

(f) How much time did you lose from work? _____

(g) Did you receive payment for permanent disability? Yes No

(h) If so, what percentages were assessed? _____

Do you take any medication on a regular basis? Yes No

If yes,

(a) For what condition? _____

(b) What medication? _____

Do you have a medical condition that may require the administration of drugs without notice? Yes No

If so, please describe that condition and the drugs necessary to treat it

Do you carry these drugs with you at all times in case of an emergency? Yes No

Have you any known allergies? Yes No

If so, to what? _____

Do you now have, or have you ever had? : (please tick)

	YES	NO
Blackouts, fainting spells		
Cardiovascular, heart conditions, high blood pressure		
Diabetes		
Hearing loss, deafness		
Musculoskeletal conditions, injury to neck, back, hand, arm, shoulder, elbow, knee, leg, ankle		
Neurological conditions, seizures, fits, convulsions, epilepsy, head injury, concussion		
Psychiatric conditions		
Sleep disorders, sleep apnoea, narcolepsy		
Substance misuse (alcohol or other substance use disorder, substance dependence or heavy frequent alcohol use or other substance use that is likely to impair safe driving)		
Vision disorder, eye disorder		

If you have ticked any of the above, please provide further details below.

Illness, injury, condition	When did it start?	Has it ceased?	Type of treatment	How long off work?	Have you completely recovered?

Do you have a current National Heavy Vehicle Scheme Medical Certificate?

Yes No (a copy will need to be provided if operating under BFM)

Have you had your licence suspended for any health reasons?

Yes No

If Yes, please provide details:

Illness, injury, condition	When did it start?	Has it ceased?	Type of treatment	How long off work?	Have you completely recovered?



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CONSENT TO EXAMINATION

If Wightman Transport requires it, I consent to undergoing a medical examination to assist Wightman Transport to assess my suitability for employment.

I authorise the medical examiner to release any information acquired from this history and the examination to appropriate Wightman Transport officers.

I will inform the medical examiner if there is any condition that may prevent me from completing the medical examination or which may put me at risk of injury during the medical examination.

ACKNOWLEDGEMENT

I agree that if my application is successful I am prepared to undertake Drug Testing & Medical Examinations as required by Wightman Transport from time to time during the course of my employment for the purpose of ascertaining my fitness to perform the requirements of the position.

I confirm that to the best of my knowledge and belief the above information is true and correct, and that I have not knowingly withheld any information. I understand that if I become employed by Wightman Transport and Wightman Transport discovers that I have made a false declaration in this questionnaire, I may be summarily dismissed.

Signed:

Name:

Date: