

APPLICATION FOR EMPLOYMENT DRIVER

Applicant Name

Office Use Only

Date Received _____ / _____ / _____



INFORMATION FOR APPLICANTS

Kangaroo Bus Lines' culture of People; Pride; Passion; shapes our commitment to deliver exceptional customer service across all facets of our business. Over the last three decades, our mission has been to drive sustainable growth through the power of our people and brand. We have historically been a leader in industry, innovation and sustainability.

Kangaroo Bus Lines is an equal opportunity employer and follows the guidelines of the Queensland Anti-Discrimination Act of 1991. We are dedicated to providing a secure and supportive working environment and aim to deliver an open and innovative atmosphere that values new approaches, processes and ideas.

Each application will be considered on its merits.

JOB DETAILS

- Kangaroo Bus Lines is a 7 day a week business. Shifts operate on a rotating roster including weekends, evening/nights and public holidays.
- The hours per day will depend on the school shift allocation.
- Probationary periods apply to all new staff.

ELIGIBILITY

- You must be a citizen or permanent resident of Australia.
- You must hold a current open QLD drivers licence with a minimum of a 'MR' endorsement (the higher HR, HC and MC are also acceptable).
- You must have a good driving history. KBL reserves the right to reject applications based on a poor driving history.
- You must not be a prohibited person as defined by the *Child Protection (Prohibited Employment) Act 1998*.
- The *Transport Operations (Passenger Transport) Act 1994* requires all drivers of public passenger services in Queensland to hold Driver Authorisation (DA).

If you do not already possess a DA you must be able and will be required to obtain one.

RECRUITMENT PROCESS

The recruitment and selection is a four (4) part process:

1. Review of completed application
2. Driving Assessment
3. Personal Interview
4. Work fitness suitability program

Applicants should note that passing of each stage does not automatically mean you will be successful.

ALCOHOL & DRUGS

- Under the Queensland legislation, bus drivers must register a zero drug and blood alcohol level whilst driving (whether a bus or other company vehicle).
- KBL requires compliance at all times, and conducts random drug and alcohol testing within the workplace.



DRIVER – EMPLOYMENT APPLICATION

All information supplied in this application will remain strictly confidential.
Applications can be completed electronically or by written submission.

I am aware that the position being applied for is not a statement of duty and that I may be called upon to carry out other duties as directed from time to time by my employer.

Surname: _____

Given Name (s): _____

Residential Address: _____

Postal Address: _____

Email: _____

Telephone No: Home _____ Mobile _____

DRIVERS LICENCE DETAILS:

Licence No: _____ State: _____ Class (s): _____ Expiry: ____/____/____

How Long have you held a driver's licence? _____

Have you ever been convicted of any breach of any relevant Traffic Act or had your licence suspended?

YES No If 'Yes' please give details: _____

During the past 5 years have you been involved in any motor vehicle accidents?

YES No If 'Yes' please give details: _____

Have you ever been refused motor vehicle insurance or had a policy cancelled by an insurer?

YES No If 'Yes' please give details: _____



EMPLOYMENT HISTORY:

Please provide details of your most recent employment.

Last Employer – Name: _____ Phone: _____

Address: _____

Position Held: _____

From ___/___/___ to ___/___/___

Reason for Leaving: _____

2nd Last Employer – Name: _____ Phone: _____

Address: _____

Position Held: _____

From ___/___/___ to ___/___/___

Reason for Leaving: _____

REFEREES:

Please provide the name, position title and contact numbers; we will not contact these referees without your permission:

1. _____

2. _____

3. _____

QUALIFICATIONS:

Do you have any Certificates, Qualifications or have attended special courses that would be relevant to the position being applied for (originals will need to be sighted and/or certified copies produced)?

YES No If 'Yes' please give details: _____

MEDICAL HISTORY:

Do you suffer, or have you ever suffered from any of the following?

	YES	NO		YES	NO		YES	NO
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Heart Defect/ Disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>
Back Condition	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever experienced any accidents involving personal injury or any illness or operations for which you have been hospitalised?

YES No If 'Yes' please give details: _____

Do you suffer, or have you ever suffered from any of the following?

	YES	NO
Impaired vision/ visual effects	<input type="checkbox"/>	<input type="checkbox"/>
Impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>
Impaired speech	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of head or neck	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of spine or back	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of the pelvis	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both wrists	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both elbows	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both knees	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both ankles	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on ability to jog or run	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on ability to climb stairs	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL HISTORY (CONT.):

Are you aware of any reason that would impair your ability to perform the duties of employment within the broad scope of operations of Kangaroo Bus Lines?

YES No If 'Yes' please give details: _____

DOCUMENTS:

Please supply the following documents with this application. Please note that **applications must be COMPLETE** to be considered.

- Full CV/Resume and recent work references
- Queensland Transport Driving History
- Copies of Drivers Licence and Authorisation Licences

DECLARATION BY APPLICANT:

I hereby declare,

- a) That the answers I have supplied in this application, to the best of my knowledge are true and correct in every particular.
- b) I fully understand that I must register a zero drug and blood alcohol level at all times during working hours or at any time whilst in charge of a company vehicle or machinery.
- c) That I agree and understand that KBL may investigate the applicant and background to determine the accuracy and completeness of the information contained in this application.
- d) That I agree and release to KBL and any persons named in this application from any liability or damage on account of his/her furnishing such information.
- e) That I agree and understand that this application for employment in no way obligates KBL to employ the applicant.
- f) That if the above application for employment is accepted, I will be bound by and will at all times observe and respect such terms and conditions of employment and such policies and rules as may, from time to time be specified or otherwise stipulated by KBL.
- g) I fully understand that if my answers to any of the questions above do not disclose a physical or mental condition from which I have previously suffered and if the condition is an industrial disease within the meaning of the Workers Compensation Act 1971 (as amended from time to time) I will be disqualified from receiving compensation under the Act.



DECLARATION BY APPLICANT (CONT.):

Name of Applicant: _____

Signature of Applicant: _____ Date: ____/____/____

Name of Witness: _____

Address of Witness: _____

Signature of Witness: _____ Date: ____/____/____



OFFICE USE ONLY

Name of Applicant: _____

	YES	NO
Has the application been completed?	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of a Drivers Licence attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a copy of a Drivers Authority attached?	<input type="checkbox"/>	<input type="checkbox"/>
QLD Transport Driving History attached?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

	YES	NO
Proceed to Interview?	<input type="checkbox"/>	<input type="checkbox"/>

Interview Notes:

Approved By: _____

Signature: _____ Date: ____ / ____ / ____