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Application for Employment

Position Applied For: _____

Location of Position: _____

Employment Type: Permanent Part Time Casual

Within the JS Group of Companies we provide equal opportunity and a no discrimination workplace for all employees.

Personal Details

The information supplied in this document and in your application will be treated in the strictest of confidence.

Surname _____

Given Names _____

Address _____

_____ P/Code _____

Phone Number (Mobile) _____

(Home) _____

DOB _____ / _____ / _____ Age _____

Marital Status _____

Residency Status Are you an Australian Citizen / Permanent Resident Yes No
 If no, do you have a working visa Yes No

Driving Records

Do you hold a current driving licence. Yes No

If yes, please advise: Licence Number _____

Licence Class _____

Expiry Date _____

Have you held a Driver's Licence within another State Yes No

If yes, which State(s) _____

Do you agree to forward a copy of your driving history obtainable from the Roads and Maritime Services. Yes No

(A copy of your driving history will be required if granted an interview. However, this is only Applicable to all applicants that are applying for any truck driving positions).

Other

Do you belong to a Union. Yes No

If yes, please advise name of Union _____

Do you have any convictions, finding of guilt and/or pending Police charges against you that are less than 10 years old. Yes No

If yes, please advise details _____

Due to our strict quarantine requirements do you have any animals (Example - cat, dog, bird, horse etc)

If yes, please give details _____

Have you had any operations Yes No

If yes, please advise details _____

Have you had any broken bones Yes No

If yes, please advise details _____

Have you suffered from any of the following:

- | | | |
|--|-----|----|
| 1. Wheezing or bronchitis | Yes | No |
| 2. Asthma or hay fever | Yes | No |
| 3. Shortness of breath | Yes | No |
| 4. Tuberculosis | Yes | No |
| 5. Any lung complaints | Yes | No |
| 6. Coughing of blood | Yes | No |
| 7. Deafness (excessive noise exposure) | Yes | No |
| 8. Ringing or buzzing in ears | Yes | No |
| 9. High blood pressure | Yes | No |
| 10. Heart disease or chest pains | Yes | No |
| 11. Hernia | Yes | No |
| 12. Back trouble | Yes | No |
| 13. Fits, blackouts or epilepsy | Yes | No |
| 14. Frequent headaches or migraines | Yes | No |
| 15. Skin disorders or dermatitis | Yes | No |
| 16. Stomach pains or ulcers | Yes | No |
| 17. Thyroid | Yes | No |
| 18. Colour blindness | Yes | No |
| 19. Blood in urine | Yes | No |
| 20. Persistent aches and pains in any area of the body | Yes | No |
| 21. Hepatitis A, B, C or D | Yes | No |
| 22. Any communicable enteric disease | Yes | No |
| 23. Any other physical or medical problems and/or conditions | Yes | No |

Do you have any issues with:

- | | | |
|---------------------------------|-----|----|
| 1. Hands – either left or right | Yes | No |
| 2. Fingers | Yes | No |
| 3. Wrists | Yes | No |
| 4. Neck | Yes | No |
| 5. Back | Yes | No |
| 6. Arms | Yes | No |
| 7. Shoulders | Yes | No |
| 8. Chest | Yes | No |

How many sick days have you taken in the past twelve (12) months _____

Your current Height _____cm Weight_____ kg

Do you have any allergies Yes No

If yes, please provide details _____

Have you been immunised against Tetanus Yes No

If yes, please advise date of immunisation _____

Have you been immunised against Hepatitis B Yes No

If yes, please advise date of completion of immunisation _____

Declaration by Applicant

If I am employed either on a casual, part time or permanent basis I agree to the following:

1. Employment within the JS Group of Companies is dependent upon reference and qualifications proving to be satisfactory.
2. I must acquaint myself with safety regulations and in the case of sickness, accident or personal injury, ensure that the Departmental Head is immediately notified. A Medical Certificate must be produced, as required and where applicable, workers compensation forms completed. If I have an accident or suffer any personal injury, I must immediately report the incident to my Supervisor and/or Manager. Failure to do so may affect my entitlement to workers compensation cover.
3. Personal hygiene must be of high standard and maintained at all times.
4. Protective clothing, where supplied, must be worn at all times.
5. Smoking is not permitted within any JS Group of Companies buildings or vehicles.
6. Private calls are not permitted on any JS Group of Companies telephones without prior permission from either a Manager or Supervisor.
7. Instructions by Executive or Security staff must be complied with at all given times whilst on any JS Group of Companies properties, or in any JS Group of Companies vehicles. Employees are not to have any items or property belonging to the JS Group of Companies in their possession when leaving any JS Group of Companies premises unless they have first been declared and are not to leave their belongings in the custody of the JS Group of Companies. Employees will be subject to security checks when entering or leaving any JS Group of Companies premises, if applicable.
8. I agree to comply with all occupational, health, safety and environmental regulations and procedures.
9. The personal information on the Application for Employment Form will only be used by the JS Group of Companies for administration purposes and will be treated as confidential.
10. Time cards – if a time card is provided to record your hours of work, the card is to be clocked immediately prior to commencing work and immediately after finishing work. If your time card is not in the rack, at any time you are required to clock on and off work, you are required to immediately report to your Manager or Supervisor. Under no circumstances must you clock the time card of another employee. A deliberate breach of this instruction will result in instant dismissal.
11. Sick Leave – Sick and/or Personal/Carers Leave is credited in accordance as per your Award under which you are employed. All absences through sickness (other than Worker's Compensation) greater than two consecutive days, at any given time, requires a Doctor's Certificate or Statutory Declaration required on your return to work after such absences. These rules must be followed or the absence from work will be regarded as unauthorised.

12. If employed on quarantine locations, employees must comply with all JS Group of Companies quarantine regulations and procedures.
13. Employees must familiarise themselves and comply with all JS Group of Companies policies, rules and regulations, which may be varied by the JS Group of Companies from time to time and agree to familiarise themselves and comply with these variations whenever they are so made.
14. Part of the application procedures involves a medical examination by a nominated Medical Officer and I authorise disclosure of the results of this examination to the JS Group of Companies, and agree that my employment within the JS Group of Companies will be subject to a satisfactory health clearance given by such nominated Medical Officer.

This certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge.

I authorise you to make such investigations and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. Inquiries regarding any medical history will be made only if and after a conditional offer of employment has been extended and accepted.

I agree that the JS Group of Companies shall have the right to terminate my employment at any time with notice should any of the previous statements made by me prove to be incorrect, misleading or false or if I contravene any of the JS Group of Companies rules, procedures, policies and/or regulations.

I agree that the JS Group of Companies may transmit my salary or wages by electronic transfer into my allocated bank account nominated by me.

Applicants Name: _____
Please print name

Applicants Signature: _____

Dated: _____

Witnessed by: _____
Please print name

Applicants Signature: _____

Dated: _____

Office use only – Agreement of Employment

Name of Applicant _____

Applicant Successful Yes No

If the application has been declined please state all valid reasons for this decision.

Date Employed _____ **Position** _____

Location _____ **Classification** **Grade** 6 7 8 **Driver**

Agreed Rate of Pay _____ / hr **or** _____ / km

Signature of Manager _____

Date _____

Previous Employer Check Completed	Yes	No
Reference Check Completed	Yes	No
Comments		
Documentation Required for Payroll File	Date	
Letter of Acceptance		
Proof of Name – Drivers Licence/Birth Certificate		
Tax Declaration Form		
Superannuation Form		
Non Resident – Copy of Passport		
Details forwarded for Compliance		
Other -		
Other -		
Other -		
Other -		

Payroll Updated By _____

Date _____