



GTS Freight Management Pty Ltd

ABN 58 007 997 604

564-580 Benetook Avenue MILDURA 3500

PO Box 2773 MILDURA, Victoria 3502

Telephone: (03) 5022 1999 • Facsimile: (03) 5022 1600

Dear Applicant,

Thank you for your interest in applying for employment with GTS Freight Management.

GTS Freight Management is a family owned Transport and Distribution business situated in Mildura Victoria and has a fleet of over 100 modern Prime Movers all towing B-Double Tautliners, along with approximately 25000sq/m of insulated warehousing space.

The company specialises in servicing the Wine & Beverage industry through purpose built trailers, with load restraint systems that provide optimum load care, eliminating damage and ensuring all loads arrive at the destination in pristine condition. The company services Eastern Australia, the main destinations being Sydney, Brisbane, Melbourne and Adelaide.

Several of the major customers that are serviced include Fosters, O-I Australia, Australian Vintage Group and Woolworths Primary Freight.

A state of the art workshop is situated at the depot in Mildura. This is where all Prime Movers and trailers are serviced and maintained. The workshop was awarded First Place in the Workcover Australia awards for the innovative pit design.

In working with GTS Freight Management you can look forward to a long career where you can rest assured that safety is the number one priority and the workers are the number one asset.

Please complete the application form and return it to the Driver Manager, along with:

- a copy of your current licence
- Fatigue Management certificate if applicable
- a current RTA or VicRoads printout, and
- at least two checkable professional references.

FAX – 03 50510188

POST – PO Box 2773
Mildura Vic 3502

Email - Email the application directly by clicking the Email button at the bottom left of the last page, or scan and email to:
dmt@gtsfreight.com.au

Once we have received your application, we will contact your referees to assess whether or not you would be a suitable candidate for employment with us. Please allow 2 to 5 business days from date of receipt for this to occur.

Please note, as a company policy we do what we can to schedule drivers home for their 24 hour continuous rest. With this in mind, we can only offer employment in regions where vacancies exist and we are able to honour this policy.

Thank you,

The Driver Management Team
GTS Freight Management



APPLICATION FOR EMPLOYMENT

It is our policy to consider all qualified applicants for a position without regard to race, colour, religion, sex, national origin, age, marital status, or non-job related disability. In the event of employment, I understand that false or misleading information given in this form, interviews, medical or other employment processes may result in dismissal.

I have read and understood the above statement: _____
 Signed _____ Date _____

GENERAL

Full Name: Date of Application:

Current Address: State: P/code:

Previous Address (if not at current address more than 12 months):

Current Phone Contact/s: Date of Birth:

Other Forms Of Contact (Fax / E-mail):

Next of Kin (person to notify in emergencies):

Next of Kin Address:

Next of Kin Phone Contact/s: Relationship:

EMPLOYMENT HISTORY

List past 5 employers starting from your most recent/current:

	Employer Name	Location	Phone No (if known)	Contact	Position (eg. driver)	Period of Employment	Reason for leaving
1							
2							
3							
4							
5							

Can we contact any of your previous employers for a reference? Yes No If yes, please tick which ones.

Please provide at least two Professional and checkable references:

	Referee Name	Company	Contact number	Relationship to Referee	Time known	Other Comments
1						
2						
3						
4						



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QUALIFICATIONS/ACCREDITATIONS

List current licenses or authorisations:
 (eg. drivers licence, DG authorisations, forklift/plant tickets, Fatigue Management certification)

Type / Classes	Licence/Auth/Client No	State of Issue	Expiry Date	Years Held

Have you completed a Certificate III in Road Transport? Yes No If Yes, When:

DRIVING EXPERIENCE

List your driving/work experience starting with most recent and working back:

Vehicle Type (eg. Rigid, Semi, B-Double, Road Train)	Type of Work (eg. tipper, fridge, general)	No of Years Experience (eg. 2 years)	When Experience Gained (eg. 1997-1999)	Whilst Employed by: (eg. XYZ TPT)

Other Experience (if applicable):

EDUCATION

List highest standard achieved at school (include where and when):
 List any other courses or post school education or training that may help you in your work with this company:

What	When	What	When

HEALTH

The Company reserves the right to require you to undergo both a pre-employment and if successful on-going medical examinations, including a Fitness for Work Assessment by company appointed health specialists. The purpose of the medical and assessment is to protect public safety and as such the NRTC "Medical Examinations of Commercial Vehicle Drivers" standard is used.

Do you agree to undergo medical and fitness assessments by the Company appointed specialist? Yes No



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ACCIDENTS

List any vehicle accidents in the last 5 years: (if none, write "None")

Date (approx.)	Nature of Accident (eg. single vehicle, head on, rear-ender)	Approx. \$ Damage (total cost)	At Fault? Y / N	Serious Injuries / Fatality Y / N

Have you had your driver's licence cancelled or suspended? Yes No If Yes provide details:

Have you ever been convicted of a criminal offence? Yes No If Yes provide details:

Provide details of demerit points lost (or pending to be lost) for previous 3 years:

Offence	Points Lost	When (approx)	Comments

IMPORTANT - Please provide a photocopy of your current driver's licence **AND** a current licence history print-out from the relevant authority.

WORK COVER

Are you currently receiving any form of worker's compensation? Yes No If Yes provide details:

Do you have any claims pending or intend to lodge claims against former employers? Yes No If Yes provide details:

Do you have any physical, mental or learning disability or condition which the Company may need to accommodate if employed as a driver? (Refer Position Description for employment specifications, ask if not provided) Yes No If Yes provide details:

Are you prepared to sign a letter of authorisation for this Company to obtain details of you compensation history from the relevant Work Cover authority? Yes No



POSITION DESCRIPTION		No: PD - 10.3
POSITION TITLE: DRIVERS	LOCATION: MILDURA	
EMPLOYEE NAME:	DEPARTMENT:	
CLASSIFICATION:	WAGE: WEEKLY	
Accountable to: OPERATIONS MANAGER, ASSISTANT OPERATIONS MANAGERS, DRIVER & ASSISTANT DRIVER MANAGER AND COMPLIANCE MANAGER	Directly responsible for: SAFE OPERATION OF VEHICLE AND TIMELY DELIVERY OF GOODS	
Delegates to when absent: N/A	Functionally related with: ALL MANAGEMENT AND CUSTOMERS	
Hours of work: AS SCHEDULED		
General Responsibilities/Authority:		
<ul style="list-style-type: none"> ■ Carry out pre operation inspection, before starting the vehicle as per Work Instruction WI-T01 ■ Ensure vehicle is equipped with equipment required for each job, e.g. hook ropes, ply, corflu. ■ Submit to random drug & alcohol tests ■ Drive vehicle within all State and Commonwealth Regulations ■ Drive in safe and cautious manner ■ Ensure goods are delivered correctly ■ Ensure all company paperwork relating to loads, time sheets and compliance are completed correctly and handed in weekly. ■ Ensure Delivery Docket reflects load being transported ■ Make sure correct copies of delivery dockets are retained ■ Ensure correct product and quantity is picked up as per Delivery Docket prior to signing as received ■ Ensure product integrity, i.e. not spoiled or damaged ■ Clean prime mover inside and outside ■ Report any vehicle or trailer problems (write out a Repair Request and place in collection box at workshop) ■ Ensure all lights are functional and replace globes as required ■ Assist other drivers where practical ■ Liaise with customers as company representative ■ Always keep a neat and tidy appearance (wear uniform) ■ Perform duties in line with code of conduct. Ensure appropriate licences are current and maintained. ■ Must Comply with all changes made to State Regulations and complete all necessary documents ■ Perform all tasks in a safe manner so as not to cause injury to self or others 		



PRE-EXISTING INJURY DISCLOSURE

GTS Freight Management Pty Ltd is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure that employees are not required to work in duties that they are not able to perform safely. With that in mind, you will find a thorough description of the position and nature of the work for which you are applying, on the previous page. Please read this document carefully and discuss and queries that you may have prior to formally applying for employment with **GTS Freight Management Pty Ltd**.

Pursuant to S 82(7) and (8) of the *Accident Compensation Act* which came into effect on 29th June 1998, you are required to disclose to your employer any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment referred to above.

We advise that a failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the *Accident Compensation Act 1985*, should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of or due to the nature of employment with **GTS Freight Management Pty Ltd**.

GTS Freight Management Pty Ltd will rely upon any failure to disclose in accordance with the provisions of the *Accident Compensation Act* as grounds for denying compensation in accordance with S 82(7) and (8).

Please disclose in the space provided any pre-existing injuries or diseases that you have suffered which could be affected by the nature of your proposed employment with **GTS Freight Management Pty Ltd**.

Do you have any pre-existing injuries or diseases which could be affected by your employment with us?

Yes No If Yes provide details below:

I _____ acknowledge the above to be true and correct. I understand that any false or misleading information, or failure to disclose a pre-existing injury, will result as grounds for denying compensations in accordance with the *Accident Compensation Act 1998*.

Signature: _____ Date: _____

GTS Management Use Only:

I acknowledge that I have had the above explained and that I fully understand the implications of failing to declare any pre-existing injuries or diseases.

GTS Witness: _____

Signature: _____ Date: _____

Signature: _____

KNOWLEDGE QUIZ

As it is often difficult to perform face to face interviews, the following quiz gives us some insight to your general driving knowledge.

- This is a general quiz to test your heavy vehicle driving knowledge.
- Make sure you read the questions carefully and take your time in completing the answers.
- If you have difficulty reading/writing and would feel more comfortable discussing the answers, please let us know immediately.

1. If you have selected the wrong gear and decided to change gear on a steep descent and miss, what is the correct procedure?

2. Should you use only the trailer brake when descending steep hills?

3. Should you also use the left mirror when making a left hand turn?

4. Can an articulated vehicle jack-knife if the driver accelerates harshly whilst turning on wet or slippery surfaces?

5. Can the braking force of a retarder cause a lightly loaded vehicle to skid or jack-knife on wet or slippery roads?

6. What are the consequences of repeatedly applying and releasing the brakes when descending a hill?

7. Will water or dust affect the efficiency of the braking system? If yes, how?

8. When changing gears, what is referred to as: - Skip shifting and Progressive up shifting?

10. Why should you not depress the clutch all the way to the floor when changing gears with a Roadranger gearbox?

11. Should a diesel engine be idled prior to shutdown? If so, why and for how long?

12. Is prolonged idling harmful to a diesel engine?

13. What precautions are required when un-coupling a trailer on a soft ground surface?

14. Who is responsible for the correct loading and lashing of all loads?

15. Where should you place your three emergency triangles in the case of a breakdown?

16. Where is the fog line on a road and why is it used?

17. Is it against the law to not wear a seat belt in a heavy vehicle?

18. What is the legal alcohol level for heavy vehicle drivers?

19. When do you have to complete a log book and FMP diary?

20. How often should you check your load during transit?

21. Are you required to fill in your Work Diary when driving bobtail?



ADDITIONAL COMMENTS

TO BE READ AND SIGNED BY APPLICANT

This certifies that I have completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorise you to make such investigations and inquiries on my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers, government authorities and other persons from all liability in responding to inquiries and releasing information in conjunction to my application.

In the event of employment, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of employment. I also understand that I am required to abide by all policy, procedures and rules of the company.

I understand that if I am successful in gaining a position with the Company that I will be on a probationary period of 180 days from commencement of employment during which time my performance will be monitored.

I confirm that I have enclosed copies of the following:

- Licence
- Road Authority licence printout
- At least TWO checkable professional references
- Fatigue Management Accrediation (if applicable)

.....
Name of Applicant

.....
Name of Witness

.....
Signature of Applicant

.....
Signature of Witness

.....
Date

.....
Date