



APPLICATION FOR EMPLOYMENT

1. Please read the Application form carefully and provide accurate information against each item and sign each page where indicated.
2. Applicants may be interviewed by a company representative.
3. The company may make reference checks with applicant's previous employers and personal referees as shown on the application form.
4. Applicants may be required to undergo a medical examination by a company nominated Doctor, prior to joining the company.
5. If chosen for the position –
 - you will be subject to six (6) months probation period;
 - any false statement made in this application may be cause for dismissal.
6. Please be aware that being contacted, submitting an application, your personal details, other forms, information, undertaking a driving or other test, attending a medical, or having referees contacted does not in any way imply or guarantee employment in the role you have applied for or progression to the next stage of the interview or recruitment process.
7. GTS Freight Management Pty. Ltd (GTS) reserves the right to decide who it employs. The decision as to whether or not you obtain employment with GTS, or do not progress to the next stages of the interview or recruitment process will be final.

Please complete the form using CAPITAL LETTERS.



GTS FREIGHT MANAGEMENT



Position applied for _____

APPLICANT DETAILS

Surname _____

Given Names _____

Preferred Name _____

Date of Birth _____ / _____ / _____

Address _____

Phone Number (Work) _____ (Home) _____

(Mob) _____

Email Address _____

Education _____

Other skills or training _____

Next of Kin _____ (Relationship) _____

Address _____

Phone No _____



GTS FREIGHT MANAGEMENT



EMPLOYMENT HISTORY *(start with most recent)*

1. Employers Name _____
 Address _____
 Phone Number _____
 Supervisors Name _____
 Position Held _____
 Position held from ___/___/___ To ___/___/___
 Reason for leaving _____

2. Employers Name _____
 Address _____
 Phone Number _____
 Supervisors Name _____
 Position Held _____
 Position held from ___/___/___ To ___/___/___
 Reason for leaving _____

3. Employers Name _____
 Address _____
 Phone Number _____
 Supervisors Name _____
 Position Held _____
 Position held from ___/___/___ To ___/___/___
 Reason for leaving _____

May we contact your previous employers? Yes _____ No _____
 Have you worked for GTS before? Yes _____ No _____

If yes, from (date) _____ To _____



OCCUPATIONAL HEALTH & SAFETY INFORMATION

1. Do you have any pre-existing injuries, diseases, physical or psychological conditions or disabilities that could restrict your capability to undertake the inherent requirements of the work required and/or which could be affected by your employment with us?

YES _____ NO _____

If yes, describe disability _____

2. Have you been absent from work because of job related injury or physical disability in the last three years?

YES _____ NO _____

If yes, give information below:

	Injury or other disability	Days absent from work
YEAR 1		
YEAR 2		
YEAR 3		

3. Do you have any current or pending claims in respect of workers compensation?

YES _____ NO _____

If yes, give details _____

Failure to disclose any pre-existing injury may result in any future work care claims being rejected.

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DECLARATION

The information provided by me in this Application for Employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement may be cause for Dismissal, and that a three (3) months probation period will be applicable.

Signature _____ Date _____ / ____ / ____

Name _____