

Employment Application Workshop / Maintenance



ACN 074 765 692

Post to: Maintenance Manager, PATH Transit PO Box 126 Karrinyup WA 6921

CONFIDENTIAL

Personal Details	
Surname	
Given Name/s	
Address	
	Post Code
Date of Birth	
Contact Telephone Numbers	Day: A/Hours:

Licence Details (Please submit photocopy)	
Licence Number	Expiry Date
Classes Held - HR class minimum requirement	

Driving History	
What experience do you have driving buses or heavy vehicles?	
What Traffic convictions or infringements have you been charged with over the last 10 years? (Excluding parking tickets)	
Have you any criminal convictions? If yes give details, dates etc	

Medical	
Have you ever made a Workers Compensation claim or received a lump sum settlement? If yes give details, dates etc	
Have you ever had, or do you suffer from, any of the following medical conditions: Heart attack/problems, back/neck injury/strain. Absence from work due to stress. If yes give details, dates etc	
Do you have any drug or alcohol related dependencies	

Experience & Skills	
What experience do you have in conducting bus or heavy duty repairs to a high standard?	
Outline your communication skills including your experience in recording information on job cards	
Outline your people skills and your ability to work in a successful team	
Outline your ability to meet deadlines and schedules	

Personal Qualifications Details
(Please submit photocopies)

Are you a Qualified Trades Person?	Tick Appropriate box	yes		No	
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Have you conducted additional studies and qualifications? If yes give details	
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Employment History

Employer	Period	Position Held	Reason for Leaving
Current or most recent	From To		
	From To		
	From To		
	From To		
	From To		

Referees

Give two job related (i.e. manager or supervisor) referees and telephone numbers

Name	Company	Position	Phone Number

EMPLOYMENT APPLICATION DECLARATION

I understand that if I give a false or misleading answer to any questions on this application form I will if accepted for employment be liable for immediate dismissal without notice

I understand that strict conformity with safety requirements and procedures in the Employee Manual & is required

I am prepared to undertake any medical examination by a doctor nominated by PATH Transit and allow PATH Transit to conduct any criminal record search.

I authorise for PATH Transit (or their authorised person) to contact my referees.

Signature of Applicant : _____ **Date :** _____