

Robert Holmes (Transport) Pty Ltd

ABN 30 000 880 348

Drivers Application Form

6L Boothenba Rd
PO Box 1436
DUBBO NSW 2830

196 Power St
GLENDENNING NSW 2761

Ph: 02 6884 4866
Fax: 02 6882 4536
Email: rhtrans@bigpond.net.au

Ph: 02 9625 0600
Fax: 02 9832 7781
Email: sydney@rhtrans.com.au

Personal Information

Name: _____

Address: _____

Phone Number: _____

Business Number: _____

Mobile Number: _____

Date of Birth: _____

Email Address: _____

Marital Status: _____

No of Dependents: _____

Qualifications

School Attended: _____

Certificate/s: _____

Qualifications: _____

Drivers' License Number: _____

Class: _____

Are you licensed for a Manual or Auto Gearbox? _____

How Long Held: _____

Other Licenses: Forklift Dangerous Goods White Card MSIC

List here your last three (3) Driving Offences or Fines:

1. _____

2. _____

3. _____

Accident History

List here the details of you last three motor accidents:

1. _____

2. _____

3. _____

Work History

List here the details of you last three (3) jobs:

1. Company/Employer: _____ Position: _____
Duration: _____
Contact Name: _____ Contact Position: _____
Contact Phone: _____
2. Company/Employer: _____ Position: _____
Duration: _____
Contact Name: _____ Contact Position: _____
Contact Phone: _____
3. Company/Employer: _____ Position: _____
Duration: _____
Contact Name: _____ Contact Position: _____
Contact Phone: _____

List two (2) character referees

1. _____
2. _____

Restraints On Loads

1. Have you used dogs & chains?

YES

NO

2. Have you ever used tarps & tarped a loaded trailer?

YES

NO

Workers Compensation Injuries

Please give details of all your Workers Compensation injuries, claims & diseases:

*** Employer and Date**

Description:

*** Employer and Date**

Description

*** Employer and Date**

Description

Medical Conditions

Do you have any pre-existing medical conditions that may affect your work / ability to work? Please list all.
