



INTERIM APPLICATION

Date of Application: _____

Full Name: _____ Date of Birth: _____

Current Address: _____ State: _____ P/Code: _____

Current Mobile: _____ Email: _____

EMPLOYMENT HISTORY

1	Employer Name:			Ph:	
	Location:		Period of Employment		
	Reason for Leaving:				

2	Employer Name:			Ph:	
	Location:		Period of Employment		
	Reason for Leaving:				

DRIVING EXPERIENCE

List your driving experience starting with the most recent working back:

Vehicle Type (eg. Rigid/Semi/B-Double/Road Train)	Type (eg. Tipper/Fridge/General)	No years experience (eg. 2 yrs)	When experience gained (eg. 2 yrs)	Employer Name (eg. ABC Tpt)

Do you have a current forklift licence? Yes No

Do you have a current MC licence? Yes No

- If yes, year MC licence was obtained _____

Have you ever had your licence suspended/cancelled? Yes No

Have you ever been convicted of a criminal offence? Yes No

How many demerit points do you currently have? _____ points

Do you have any mental/physical/learning disability or condition the company may need to accommodate if employed as a driver? Yes No

The company reserves the right to require you to undergo pre-employment/ongoing medical examinations by a company appointed doctor.

You may be required to complete a full application, and further information requested.

SIGNED: _____ NAME: _____ DATE: _____

Please return to employment@talfm.com.au