



EMPLOYMENT APPLICATION FOR SOUTHLINK & LINKSA

Position Applied For: _____

Preferred Worksite Location: _____

Preferred Company _____

www.southlink.com.au
www.linksa.com.au

Return to: info@southlink.com.au
or PO Box 165 Lonsdale, SA 5160

CONFIDENTIAL

File No.

Personal Details*			
Surname			
Given Name/s			
Address			
	Post Code:		
Date of Birth		Weight*	Kgs
Contact Telephone Numbers	Day:	Mobile:	A/Hours:
E-mail address			

*Due to equipment limitations, it is necessary for the Company to employ drivers whose weight does not exceed 120 kgs.

Licence Details			
Licence Number		Expiry Date	
Class/s Held			
Accreditation Number (If applicable)		Expiry Date	

Driving History	
Have you ever had your licence suspended? If yes, give full details.	
Have you ever had a driving conviction involving alcohol? If yes, give full details.	
Excluding parking offences, what traffic convictions, including expiation offences, have you been charged with over the last 10 years? Give full details.	
Have you any criminal convictions? If yes, give details.	

Medical: Information given remains strictly confidential	<u>False or misleading information may cause your application to be invalid or you may risk dismissal.</u>
Have you any medical conditions that we should know about?	Yes/No If Yes give details
Do you have any physical limitations that we should know about that may affect you successfully forfilling the position applied for? Please Note: You need to be able to continuously bend, stretch, lift , reach and sit for long periods of time to fulfil this role.	Yes/No If Yes give Details
Are you physically capable to take part in a Pre Employment Capacity Assessment?	Yes/No If No Why Not

Experience & Skills	
What experience and skills do you have in handling cash or ticketing as relevant to this position?	
What experience and skills do you have in dealing with public?	
What experience and skills do you have in operating a two-way radio as relevant to this position?	
What experience have you had driving buses or heavy vehicles?	
What other skills or experience do you possess as relevant to this position?	

Employment History			
Period	Employer (Current, or most recent first)	Position Held	Reason for leaving
From			
To			
From			
To			
From			
To			
From			
To			

Referees	
Provide two (preferably job related) and telephone numbers.	
Name, position, company	Telephone number
Name, position, company	Telephone number

Declaration	
Have you received or applied for any termination payment which would restrict you from applying for this position. If yes give details.	

THE APPLICANT'S ATTENTION IS DRAWN TO THE FOLLOWING CONDITIONS

- All SouthLink & LinkSA facilities are alcohol and drug free working environments.
- Smoking restrictions apply in all SouthLink & LinkSA workplaces.
- SouthLink & LinkSA complies with all applicable Anti-Discrimination, Equal Employment Opportunity and Privacy Legislation.

PRIVACY and PERSONAL INFORMATION STATEMENT

In accordance with the Federal Privacy Act 1998 SouthLink & LinkSA is committed to protecting the privacy of its potential employees including the appropriate handling of all personal information. The information you provide in the Employment Application Form is required by SouthLink or LinkSA in order to determine the suitability of an applicant for the purpose of employment with SouthLink or LinkSA. As part of this assessment process and related purposes, SouthLink or LinkSA may need to disclose your personal information to personnel nominated in the Application Form. Failure to provide the requested information may preclude your application being considered. If you wish access to the personal information that SouthLink or LinkSA holds about you in relation to this Employment Application Form, please contact the Human Resource Office on (08) 8186 2888.

APPLICATION DECLARATION

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| <p>a) I understand that if I give a false or misleading answer to any question on this application form, I will, if accepted for employment, be liable for immediate dismissal without notice.</p> | <p>c) I am prepared to undertake a Capacity Assessment by a provider nominated by SouthLink or LinkSA and allow SouthLink or LinkSA to conduct any criminal record search.</p> |
| <p>b) I understand that strict conformity with safety requirements and procedures in the SouthLink or LinkSA Employee Manual and/or Drivers Manual will be required if I am successful in gaining employment with SouthLink or LinkSA.</p> | <p>d) I authorise SouthLink or LinkSA (or their authorised person) to contact my referees.</p> |

Signature of Applicant:

Date: