



**PALM TRANS**

24 CHERRY LANE  
LAVERTON NORTH VIC. 3026

MELBOURNE: (03) 9368 1800  
SYDNEY: (02) 9620 2028  
BRISBANE: (07) 3278 9800  
EMAIL: ops@palmtrans.com.au

**APPLICATION FORM FOR HEAVY VEHICLE DRIVERS**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: ops@palmtrans.com.au

**1. PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Relationship Status:  Single  Married/Partnership  Divorced  Separated

**2. DRIVING INFORMATION**

License Number: \_\_\_\_\_ Points remaining to date: \_\_\_\_\_

License Class:  HR  HC  MC License Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of time licence class held  HR \_\_\_\_\_  HC \_\_\_\_\_  MC \_\_\_\_\_

Please indicate if you have had driving convictions in the previous 5 years for any of the following:

Drink Driving  Yes  No Negligent  Yes  No Dangerous  Yes  No  
Speeding  Yes  No Culpable  Yes  No

Please indicate if you have had convictions in the previous 5 years for any of the following:

Alcohol offences  Yes  No Drug Offences  Yes  No Other Criminal offences  Yes  No

Have you been involved in any heavy vehicle road accidents in the past 5 years?  Yes  No

Have you ever had your driving licence declined or cancelled?  Yes  No

Have you ever had vehicle insurance declined or cancelled?  Yes  No

If you have answered yes to any of the above, please give details of offences and or court findings:

Date of Offence: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Offence: \_\_\_\_\_

Circumstances surrounding offence: \_\_\_\_\_

\_\_\_\_\_

### 3. EMPLOYMENT INFORMATION

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What type of employment are you looking for?

Full time/permanent

Casual

*If you ticked full time/permanent:*

Are you available and able to work 6 days/week?

Yes

No

Have you previously had **Refrigeration / Express** experience?

Yes

No

*If you answered yes, please describe (including length of time, type of vehicles, location of work etc.):*

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Have you previously had **GENERAL** experience?

Yes

No

*If you answered yes, please describe (including length of time, type of vehicles, location of work etc.):*

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Have you had experience with any of the following **Freight**?

General Freight

Produce

DG (Dangerous Goods)

Other \_\_\_\_\_

Have you previously been terminated by an employer?

Yes

No

*If you answered yes, please describe the circumstances of your termination:*

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Do you have any of the following licences or accreditation?

Cert III (Road Transport)

BFM (Basic Fatigue Mgt)

DG (Dangerous Goods)

MSIC (Maritime Security Induction Card)

Bluecard (OH&S)

Other \_\_\_\_\_

Do you have any diagnosed medical conditions? *If you answered yes, please describe; should you fail to record any known medical conditions and as a consequence your capacity to undertake work-related tasks are impeded, your employment may be terminated.*

Yes

No

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Have you ever lodged a Workers Compensation claim?

Yes

No

*If you answered yes, please provide details – failure to provide accurate and up-to-date details may result in termination of your employment at any time.*

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**PREVIOUS EMPLOYMENT HISTORY**

Please provide the following information regarding your previous heavy vehicle work experience.  
(Commence with your most recent employer/contract)

Name of Employer	Job Description	Start and finish dates
1.		/ / to / /
2.		/ / to / /
3.		/ / to / /

Please provide the following contact details for 3 referees, with 1 of the referees preferably being your most recent employer:

Name of Referee	Name of company referee is employed/working for	Contact telephone number of referee
1.		
2.		
3.		

Please provide any additional information that you may feel is relevant to your application for a position as a heavy vehicle driver with our company:

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**PLEASE NOTE**

1. A current VICROAD'S or relevant state licence printout **MUST** accompany this application.
2. All employees must successfully complete a **SIX** month probation period before being offered full time/permanent or ongoing casual employment.
3. All employees will be required to undertake the Palm Trans company **INDUCTION** and other relevant training; this **MUST** be completed within the 6 month probation period.
4. If employed by Palm Trans **ANNUAL HEALTH ASSESSMENTS** will be required and the cost of these will be met by Palm Trans.
5. If you leave Palm Trans within 12 months of completing training that has been funded by Palm Trans, you will be responsible for **REIMBURSING** the company any costs associated with training undertaken within that 12 month period.
6. As required in the National Employment Standards the length of notice required following the successful completion of your 6 month probation period is linked to years of service. Failure to provide this notice will result in a forfeiture of the required week's base pay.

Signature: \_\_\_\_\_ Date: / /