



# APPLICATION FOR EMPLOYMENT GENERAL

Applicant Name

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Position Applied for:

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Office Use Only

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## INFORMATION FOR APPLICANTS

Kangaroo Bus Lines' culture of People; Pride; Passion; shapes our commitment to deliver exceptional customer service across all facets of our business. Over the last three decades, our mission has been to drive sustainable growth through the power of our people and brand. We have historically been a leader in industry, innovation and sustainability.

Kangaroo Bus Lines is an equal opportunity employer and follows the guidelines of the Queensland Anti-Discrimination Act of 1991. We are dedicated to providing a secure and supportive working environment and aim to deliver an open and innovative atmosphere that values new approaches, processes and ideas.

Each application will be considered on its merits.

## EMPLOYMENT APPLICATION

All information supplied in this application will remain strictly confidential.  
Applications can be completed electronically or by written submission.

I am aware that the position being applied for is not a statement of duty and that I may be called upon to carry out other duties as directed from time to time by my employer.

Surname: \_\_\_\_\_

Given Name (s): \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone No: Home \_\_\_\_\_ Mobile \_\_\_\_\_



**EMPLOYMENT HISTORY:**

Please provide details of your most recent employment.

Last Employer – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Reason for Leaving: \_\_\_\_\_

2<sup>nd</sup> Last Employer – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFEREES:**

Please provide the name, position title and contact numbers; we will not contact these referees without your permission:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**QUALIFICATIONS:**

Do you have any Certificates, Qualifications or have attended special courses that would be relevant to the position being applied for (originals will need to be sighted and/or certified copies produced)?

YES  No  If 'Yes' please give details: \_\_\_\_\_

\_\_\_\_\_



**DRIVERS LICENCE DETAILS:**

Licence No: \_\_\_\_\_ State: \_\_\_\_\_ Class (s): \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

How Long have you held a driver's licence? \_\_\_\_\_

Have you ever been convicted of any breach of any relevant Traffic Act or had your licence suspended?

**YES  No**  If 'Yes' please give details: \_\_\_\_\_

During the past 5 years have you been involved in any motor vehicle accidents?

**YES  No**  If 'Yes' please give details: \_\_\_\_\_

Have you ever been refused motor vehicle insurance or had a policy cancelled by an insurer?

**YES  No**  If 'Yes' please give details: \_\_\_\_\_

**MEDICAL HISTORY:**

Do you suffer, or have you ever suffered from any of the following?

	YES	NO		YES	NO		YES	NO
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Heart Defect/ Disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	HIV Positive	<input type="checkbox"/>	<input type="checkbox"/>
Back Condition	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever experienced any accidents involving personal injury or any illness or operations for which you have been hospitalised?

**YES  No**  If 'Yes' please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY (CONT.):**

Do you suffer, or have ever suffered from any of the following?

	YES	NO
Impaired vision/ visual effects	<input type="checkbox"/>	<input type="checkbox"/>
Impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>
Impaired speech	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of head or neck	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of spine or back	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of the pelvis	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both wrists	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both elbows	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both knees	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on movement of one or both ankles	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on ability to jog or run	<input type="checkbox"/>	<input type="checkbox"/>
Restriction on ability to climb stairs	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any reason that would impair your ability to perform the duties of employment within the broad scope of operations of Kangaroo Bus Lines?

YES  No  If 'Yes' please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**DOCUMENTS:**

Please supply the following documents with this application. Please note that **applications must be COMPLETE** to be considered.

- **Full CV/Resume and recent work references**
  
- **Where relevant:**
  - Queensland Transport Driving History
  - Copies of Drivers Licence and Authorisation Licences
  - Copies of Formal Accreditations

**DECLARATION BY APPLICANT:**

**I hereby declare,**

- a) That the answers I have supplied in this application, to the best of my knowledge are true and correct in every particular.
- b) I fully understand that I must register a zero drug and blood alcohol level at all times during working hours or at any time whilst in charge of a company vehicle or machinery.
- c) That I agree and understand that KBL may investigate the applicant and background to determine the accuracy and completeness of the information contained in this application.
- d) That I agree and release to KBL and any persons named in this application from any liability or damage on account of his/her furnishing such information.
- e) That I agree and understand that this application for employment in no way obligates KBL to employ the applicant.
- f) That if the above application for employment is accepted, I will be bound by and will at all times observe and respect such terms and conditions of employment and such policies and rules as may, from time to time be specified or otherwise stipulated by KBL.
- g) I fully understand that if my answers to any of the questions above do not disclose a physical or mental condition from which I have previously suffered and if the condition is an industrial disease within the meaning of the Workers Compensation Act 1971 ( as amended from time to time ) I will be disqualified from receiving compensation under the Act.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**OFFICE USE ONLY**

Name of Applicant: \_\_\_\_\_

	YES	NO
Has the application been completed?	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of a Drivers Licence attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a copy of a Drivers Authority attached?	<input type="checkbox"/>	<input type="checkbox"/>
Are there copies of formal accreditations?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	YES	NO
Proceed to Interview?	<input type="checkbox"/>	<input type="checkbox"/>

Interview Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved By: \_\_\_\_\_

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