



Driver Application Form

JD Refrigerated Transport Pty Ltd
The JD Refrigerated Transport Trust
ABN 43 393 512 361

Employee Name: _____

Employee Address: _____

Availability to start (Circle): Immediate One Week Two Weeks One Month

Employee Mobile No.: _____

Employee Email Address: _____

Employee Date of Birth: _____

Male or Female: _____

Class of License: _____

Total years with this class of license: _____

Date of Issue: _____

Expiry Date of Licence: _____

(Photocopy of license to be attached)

(Drivers 5 Year Driving History to be Attached)

Have you been convicted in the last 5 years for:

- criminal offences Yes [] No []
- culpable, negligent, or dangerous driving Yes [] No []
- driving offences (i.e., speeding, red light etc) Yes [] No []
- been involved in any accidents? Yes [] No []
- had a licence declined, suspended, restricted or cancelled? Yes [] No []

If you answered "Yes" to any of the above, please provide complete details including dates and details of all accident's approximate costs, fines, suspensions and or convictions:



Date	Offence	Details

Section 6: Medical History

1. Do you have any physical disabilities, health ailments, take medication or have any conditions that may affect your ability to perform the position you applied for?

If **YES** please specify:

Yes No

2. Do you have any physical disabilities, health ailments, take medication or have any conditions that may affect your ability to perform the position you applied for?

If **YES** please specify:

Yes No

Section 6: Medical History (Continued)

2. Are you receiving or do you have any Workers Compensation or Work Care payments, or other payments relating to injury or incapacity?

If **YES** please specify:

Yes No

Detail any Workers Compensation Injuries/Claims you have had in the last 5 years.

Year	Nature of Claim	Employer

Note: Detailed provided for any of the questions WILL NOT prevent equal employment consideration to any applicant.



Section 7: Employment History

Please complete for the last three employment positions.
(Begin with your current or most recent job)

Please list all the names and contact details for each position that can be contacted to obtain a verbal reference check.

Name and address of Organization and type of business	From	To	Reason for Leaving	Name of Supervisor/reference
Describe the work you did				
Name and address of Organization and type of business	From	To	Reason for Leaving	Name of Supervisor/reference
Describe the work you did				
Name and address of Organization and type of business	From	To	Reason for Leaving	Name of Supervisor/reference
Describe the work you did				

Signature: _____

Date: _____

Please email completed application and attachments to recruit@jdtransportgroup.com.au