

## 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:

- alcohol, drug offences (i.e., DUI) Yes [ ] No [ ]
- 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?  Yes  No

If YES please specify:

\_\_\_\_\_

\_\_\_\_\_

2. Have you taken or are you taking any medication that may hinder your performance for the position you have applied for?  Yes  No

If YES please specify:

\_\_\_\_\_

\_\_\_\_\_

**Section 6: Medical History (Continued)**

3. Are you receiving or do you have any Workers Compensation or Work Care payments, or other payments relating to injury or incapacity?  Yes  No

If YES please specify:

\_\_\_\_\_

\_\_\_\_\_

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

Year	Nature of Claim	Employer

**Note:** Details 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 Organisation and type of business	From		To		Reason for Leaving	Name of Supervisor/reference
	Mo	Yr	Mo	Yr		
Describe the work you did						
Name and address of Organisation and type of business	From		To		Reason for Leaving	Name of Supervisor/reference
	Mo	Yr	Mo	Yr		
Describe the work you did						
Name and address of Organisation and type of business	From		To		Reason for Leaving	Name of Supervisor/reference
	Mo	Yr	Mo	Yr		
Describe the work you did						

Signature ..... Date .....

Please email completed application and attachments to [recruit@jdtransportgroup.com.au](mailto:recruit@jdtransportgroup.com.au)