



Camlin Investments

ABN 18 082 736 945

Head Office Ph: 02 9523 0527

Depot Ph: 02 6761 5375

www.camlin.com.au

Driver Application Form

Date of Application _____

Details Contained within this application form will be used to conduct an Australian Federal Police Check

Full Name: _____ Date of Birth _____ Place of Birth _____

Address: _____

Date started at this address: _____ If Less than 10 yrs at this address, please see Page 2

Contact Telephone Numbers: _____

Email Address: _____

Emergency Contact & Relationship: _____

Licence Details – Please submit copies of licenses listed below with this Application

1. MC/HC No: _____ Exp Date: _____ First Obtained: _____

2. Dangerous Goods No.: _____ Exp Date: _____ First Obtained: _____

3. Other (Please Specify) Type: _____ No. & Exp Date: _____ First Obtained: _____

Can you read and write English confidently _____ Highest Level of Education _____

We shall also require one of the following to complete the AFP Check – Passport, Birth Certificate
Please submit a copy with this application.

Health, Medical and Safety **Date of Last Medical** _____ **Please submit a copy**

The D.G Code prohibits smoking in a D.G Vehicle! Do you smoke? _____

Have you ever had a Workers Compensation Claim? YES NO If YES Date of Injury _____

Nature of Injury _____

Time on Workers Compensation _____ Date Cleared for Work _____

Please submit Fit for Work Certificate is Claim less than 2 year old.

Have you/Are you Suffering from any Syndrome /Disease /Affliction that may affect your duties:

Have You Ever Been Involved/ Caused A Serious Accident? If yes, Details please

Have You Ever Been Charged With a Criminal Offence? YES NO

Full uniform and safety equipment are provided and must be worn at all times when required - Would this be an issue? YES NO Uniform Size: Med Lge XL XXL





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Employment History

Are You Currently Employed: _____ Company Name _____ Start Date _____

Name and Contact Number of Reference: _____

Previous Employer: _____ Dates From / To _____

Name and Contact Number of Reference: _____

Payroll Details

Bank Details: BSB: _____ Account # _____ Account Name: _____

Tax File Number: _____

Superannuation Fund Name: _____ Member/Account Number: _____

Are you Enrolled In Child Support Scheme : _____

Additional Information - Previous Addresses, up to the past 10 years

Address: _____

Date started at this address: _____

Address: _____

Date started at this address: _____

The above information is to the best of my knowledge and realise I can be held liable if false or misleading information has been given. I consent to an Australian Federal Police Check.

Signed: _____ Print Name: _____

Date: _____



Accredited Member