



Camlin Investments
 ABN 18 082 736 945
 Head Office 02 9524 0180
 Depot 02 6761 5375
 www.camlin.com.au

Employment Application Form

Date of Application _____

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

Address: _____ Postcode _____

No. of years at this address _____ Citizenship Status _____

Phone No.: _____ Mobile No.: _____

Email Address: _____

Emergency Contact: _____ Mobile No.: _____ Relationship: _____

Availability YES NO

Camlin is an essential services provider, and requires employee availability Monday – Sunday, in accordance with NHVR Operating Limits. We respect our employee’s personal lives and have leave policies to ensure adequate time at home and rest from fatigue. Does your personal situation prevent you from being available at these times?

Licence Details – Copies of licenses will be required upon employment.

Drivers Lic Type HR/HC/MC: _____ Lic Number: _____

Expiry Date: _____ First Obtained: _____ State Issued: _____

Dangerous Goods Lic: YES NO No.: _____ Exp Date: _____

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

Please supply copy of birth certificate or passport & medicare card to be used to complete required inductions.

Health, Medical and Safety Date of Last Full 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.



TRANSPORT & RURAL TRADING

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Fit for work ? YES NO

You confirm you are Fit To Drive a Heavy Vehicle and are free from illness or injury or other affliction that may impact your ability to carry out your duties, as have been described to you. If your situation changes in this area, you agree to advise us of this, and any potential impacts this may have on your ability to undertake your position.

If yes, please detail any medical conditions or allergies: _____

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

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: _____

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.

Signed: _____ Print Name: _____

Date: _____