



## SWCT APPLICATION FORM

### PERSONAL DETAILS

TITLE		FULL NAME	
POSITION APPLYING FOR			
SUBURB		POSTCODE	
HOME NO		MOBILE NO	
EMAIL ADDRESS			
ARE YOU AN AUSTRALIAN CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF NO, DO YOU HAVE A WORKING VISA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, WHAT RESTRICTIONS ARE ON YOUR VISA?			

### CURRENT QUALIFICATIONS

QUALIFICATION TITLE	INSTITUTION PROVIDER	YEAR

### PREVIOUS EMPLOYMENT (most recent first please)

EMPLOYER	DATES from/to	POSITION HELD	REASON FOR LEAVING

### LANGUAGES SPOKEN

LANGUAGE	SPEAK	READ	WRITE	UNDERSTAND

### REFERENCES

\*\*\* Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential. Please ensure that you have permission from the nominated referees.

NAME	CONTACT NUMBER	RELATIONSHIP

### OTHER INFORMATION

<b>Do you have any disabilities that may impact upon your employment in the position that is the subject of this application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please state the disabilities and if relevant how these issues may be addressed in the workplace?</b>	
<b>Have you had any major health problems/injuries in the past 3 years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please state the health problem/injury and if relevant how these issues may be addressed in the workplace?</b>	
<b>Would you be prepared to get a medical certificate to certify you are fit to carry out the duties that may be assigned to you at SWCT (copy of job description would be made available to present to your GP)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you been refused insurance or charged with a traffic offence in the last five (5) years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please provide details</b>	
<b>Do you have a criminal history to declare?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please provide details</b>	
<b>For WHS requirements we need to ensure our vehicles and equipment are suitable to your needs (e.g. chairs provided according to weight requirements etc) Please provide your height and weight</b>	

### DECLARATION

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withholding information may result in disciplinary action that could lead to possible termination of employment with this organisation. I understand that this application does not constitute an offer of employment.

I understand that is successful for employment with South West Community Transport, criminal history checks, children checks and reference checks will be required. I agree that the National Criminal Record History Check will be undertaken at my own cost. I also agree to renew the national Criminal Record History Check every 3 years.

For successful applicants for driver position only. I agree to provide a recent driving record and undertake a medical at my own cost. I also agree to provide an updated driving record and medical every 3 years.

If I am offered employment I agree to support the people we support confidentiality, respect the rights of team members and people we support, not act beyond the duties of my position and abide by all policies and procedures set by the governance body.

I acknowledge that information supplied by me is used for employment uses only and will not be used for any other purposes. Non successful applications are kept for approximately 6 months and then securely

disposed.

**SIGNATURE**

**DATE**

**OFFICE USE ONLY**

<b>ACTION</b>	<b>COMMENT</b>	<b>INITIAL</b>	<b>DATE</b>
<b>APPLICATION SUCCESSFUL FOR AN INTERVIEW STAGE</b>			
Date & time interview has been arranged for			
Was interview successful?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please state reason?			
Date & time applicant was advised of decision?			
Offer of employment made			
Letter of offer sent			
<b>APPLICATION NOT SUCCESSFUL FOR AN INTERVIEW STAGE</b>			
Please state reason			
Phone/Letter/Email of decision sent			
Date application to be destroyed on (6 months)			

P.O. Box 5099, Minto NSW 2566  
Ph: 9426 8999 Fax: 9426 8900 Email: [transport@swct.com.au](mailto:transport@swct.com.au)  
Web: [www.swct.com.au](http://www.swct.com.au) ABN: 33 226 912 121 ACN: 617 605 562