

Driver application, checklist, and declaration

Contractors and driver applicants are to use the checklist below and ensure all the relevant boxes/fields are completed before submitting a driver application to Tumut Freight Service (TFS).

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DRIVER APPLICANT DETAILS			
Title: First name:	Last name:		
Address:			
Date of birth:			
Phone Number:	Email:		
Have you ever been known by any other name:	No		
Do you identify as Aboriginal and/or Torres Strait Islander?	□ No □ No		
Yes, Aboriginal Yes, Torres Strait Islander Yes, t	ooth Aboriginal and Torres Strait Islander		
If hired, are you able to provide proof that you are eligible to	work in Australia: Yes No		
Have you held a VALID Australian truck license for the past	3years: Yes No		
Licence Class: MR LR HC MC State of	Issue:Expiry:		
Licence Restrictions if any:			
Do you hold any additional relevant licences, e.g. DG / LF?	Yes No Type:		
GUIDANCE NOTES			
 If the required documentation is not provided, the applica before being processed. 	tion will be returned with more information i	requeste	ed
 All photocopied or scanned documents must be clear and easy to read to avoid resubmission. 			
 Email this completed form with supporting documents to 	<u>:umutfreight@gmail.com</u>		
REQUIRED DOCUMENTS			
		YES	NI/A
DRIVER APPLICANT CHECKLIST (All questions must be	answered)	125	N/A
Certified copy of Roads and Maritime Services driving reco	rd (must be less than 3 months old)		

Consent to driver licence checks and disclosure of information

Consent to vehicle checks and disclosure of relevant information (subcontractors only)

Certified copy of medical assessment certificate for Basic Fatigue Management (BFM)



EMPLOYMENT HISTORY

Work History: Please list current, or most recent employmer	nt first:
Employer Name:	
Employer Address:	
Start Date:	
Finish Date:	
Position Held:	_ Reason for leaving:
Is this your current employer: Yes No	
May we contact this employer at this time: Yes No	
Employer Name:	
Employer Address:	
Start Date:	
Finish Date:	
Position Held:	_ Reason for leaving:
Is this your current employer: Yes No	
May we contact this employer at this time: Yes No	
Employer Name:	
Employer Address:	
Start Date:	
Finish Date:	
Position Held:	_ Reason for leaving:
Is this your current employer?: Yes No	
May we contact this employer at this time?: Yes No	
Have you had any demerits in the last 5 years? Yes	No
Have you had any accidents in the last 5 years where you have	e been at fault?: Yes No
Have you ever had a DUI or DWI?: Yes No	
Have you ever been convicted of a felony or misdemeanor?:	Yes No



Do you consent to undertake a pre-employme	nt drug and alchohol test?: Yes No			
Reference: Please list name/relationship to	applicant, address, phone number and years known:			
Name:	Relationship:			
Address:				
Phone Number:	Years Known:			
Name:	Relationship:			
Address:				
Phone Number:	Years Known:			
REQUIRED DOCUMENTS				
CONTRACTOR CHECKLIST (All quest	tions <u>must</u> be answered) YES NO N/A			
All documents under the driver applicant of	checklist are accurately completed and signed			
Registration and insurance documents are	e provided for all vehicles ⁴			
The driver applicant has English language	e skills sufficient for the delivery of TFS services			
CONTRACTOR QUESTIONS (All ques	tions <u>must</u> be answered)			
1. Is the driver applicant seeking approval to work as a: Primary driver Adhoc/relief driver				
2. Is the driver required for: All runs	Specific run			
☐ If for a specific run, what is the run loo				
3. Vehicle details: What vehicle type/size	do you have?:			
DECLARATION				
I declare that:				
 all the information provided in the driver 	application and checklist is, to the best of my knowledge, true and correct			
Legal name of driver applicant:				
Driver applicant signature:	Date:			
Contractor name:				
Contractor signature:	Date:			