



Transit Australia Group

Please send all applications directly to branch, as directed via www.tagroup.net.au

APPLICATION FOR EMPLOYMENT

The information supplied in this document will remain strictly confidential between the applicant and this Company

This form must be completed in the applicant's own handwriting

Please Complete All Sections and Submit, with a Current Copy of Your Resume and ALL Supporting Documents

Please Select Company you Wish to Apply For:				
<input type="checkbox"/> Corporate <input type="checkbox"/> Surfside Buslines <input type="checkbox"/> Sunshine Coast Sunbus <input type="checkbox"/> Capricorn Sunbus <input type="checkbox"/> Townsville Sunbus <input type="checkbox"/> Marlin Coast Sunbus				
How did you hear about this vacancy?	<input type="checkbox"/> Internet	<input type="checkbox"/> Media	<input type="checkbox"/> Walk In	<input type="checkbox"/> Referred By:
First Name	Middle	Surname		
Current Mailing Address				
Mobile	Home Telephone	Email		

LICENCES & CLEARANCES (Please provide clear evidence of all clearances)

I certify that I currently hold the following clearances:

Tick	Name	Licence/Card Number	State Issed By:	Expiry:	OFFICE USE ONLY: Evidence Verified
<input type="checkbox"/>	MR Drivers Licence				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	HR Drivers Licence				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Driver's Authority (G/S)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Working with Children Check (Surfside Only)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Do you have the right to work in Australia?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Do you have any criminal convictions and/or traffic infringements, or loss of points?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:					

EDUCATION & TRAINING

School Name - Highest Level Attained	Course of Study	Graduated/Completed	OFFICE USE ONLY: Evidence Verified
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Study In Progress	<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK HISTORY / AUTHORISED REFERENCE DETAILS

(Please provide details from your 3 most recent roles)

Company Name	Reference Contact/Phone	Dates of Employment	OFFICE USE ONLY: Reference Verified
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Seeking:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Other: Specify:
Notice Period:	<input type="checkbox"/> Available	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 4 Weeks <input type="checkbox"/> Additional
Annual Leave Planned:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please provide details/dates:
Are you Willing to:	Work Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Night Shift?
	Work Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Split Shift?