



LINDSAY AUSTRALIA LIMITED

Locked Bag 2004
Archerfield QLD 4108

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Dear Applicant,

corporate@lindsayaustralia.com.au
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RE: WORKSHOP (MAINTENANCE) APPLICATION FORM

Thank you for your interest in gaining employment within the Lindsay Australia Limited Group of companies. The Lindsay Australia Limited Group of companies comprises Lindsay Australia Limited, Lindsay Transport Pty Ltd, Lindsay Brothers Management Pty Ltd (the employer company for Lindsay Transport) Lindsay Rural Pty Ltd and Lindsay Fresh Logistics Pty Ltd. Hereafter, a reference to the Group means all companies and a reference to the company means the company that employs the worker.

The Group selects employees on the basis of merit and ability of the applicant to perform the inherent requirements of the role for which they have applied. All applications received will be assessed in line with the Group's requirements and selection criteria for each role and in accordance with our equally opportunity policy and procedures.

It is essential that all information required on this application is provided here or in an attached resume. Only sections containing '(resume)' in the heading allow for the option to provide the required information via your resume. All other fields contained within the application must be completed in full for your application to be considered.

Applicants who are successful in the recruitment stage will be required to undergo a pre-employment medical which includes an audio assessment and instant drug and alcohol test. The medical may also include a functional assessment. Any offer of employment is subject to the successful completion of the pre-employment medical. Should an applicant be successful in gaining employment within the Group, this application will form a part of the terms and conditions of employment. Failure to disclose information or providing false or misleading information within this application may result in the termination of your employment.

Regards,

Melissa Strong
Manager
Safety, People and Culture
Lindsay Australia Limited



LINDSAY RURAL



WORKSHOP (MAINTENANCE) APPLICATION FORM

1. APPLICATION TYPE

Position(s) applying for i.e. Mechanic			
Availability for work (hours and days)			
Base location applying for i.e. Brisbane			
Preferred basis of employment	<input type="checkbox"/> Full time	<input type="checkbox"/> Casual	

2. APPLICANT DETAILS

Surname			Given name(s)		
Mobile phone number			Home phone number		
Residential address					
Suburb		State		Postcode	
Email address					
Residential work rights	<input type="checkbox"/> Permanent		<input type="checkbox"/> Temporary (evidence to be provided)		

3. LICENCE DETAILS AND DRIVING HISTORY

Drivers licence number			Licence class i.e. C class		
State of issue			Licence class expiry date		
Forklift licence number			Forklift licence expiry date		
Please attach a valid copy of your drivers licence (if obtained)	Attached	<input type="checkbox"/>	Not attached	<input type="checkbox"/>	
Please attach a valid copy of your forklift licence (if obtained)	Attached	<input type="checkbox"/>	Not attached	<input type="checkbox"/>	

4A. WORK EXPERIENCE – PART A

Rate your experience/competency with the below tasks	None	Minimal	Moderate	Substantial
Heavy vehicle servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trailer servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine rebuilds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gearbox and diff rebuilds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridge motors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4B. WORK EXPERIENCE – PART B

Please select below the vehicle types you are experienced with and specify the span of your experience in years and months

Kenworth	<input type="checkbox"/> Yes	_____ yrs _____ mths	Volvo	<input type="checkbox"/> Yes	_____ yrs _____ mths
Mack	<input type="checkbox"/> Yes	_____ yrs _____ mths	Scania	<input type="checkbox"/> Yes	_____ yrs _____ mths
Western Star	<input type="checkbox"/> Yes	_____ yrs _____ mths	Light vehicle	<input type="checkbox"/> Yes	_____ yrs _____ mths
Other	<input type="checkbox"/> Yes	_____ yrs _____ mths	If 'Other', please specify: _____		

Please select below the engine types you are experienced with and specify the span of your experience in years and months

Detroit	<input type="checkbox"/> Yes	_____ yrs _____ mths	Cummins	<input type="checkbox"/> Yes	_____ yrs _____ mths
Cat	<input type="checkbox"/> Yes	_____ yrs _____ mths	Mack	<input type="checkbox"/> Yes	_____ yrs _____ mths
Other	<input type="checkbox"/> Yes	_____ yrs _____ mths	If 'Other', please specify: _____		



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Please select below the trailer types you are experienced with and specify the span of your experience in years and months

Maxi-cube	<input type="checkbox"/> Yes	_____ yrs _____ mths	Vans	<input type="checkbox"/> Yes	_____ yrs _____ mths
Tautlines	<input type="checkbox"/> Yes	_____ yrs _____ mths	Flat bed	<input type="checkbox"/> Yes	_____ yrs _____ mths
Other	<input type="checkbox"/> Yes	_____ yrs _____ mths	If 'Other', please specify:		

5A. WORK HISTORY – PART A

Have you previously been employed by any of the Lindsay Australia Ltd Group of companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you provided services as a contractor to any of the Lindsay Australia Ltd Group of companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered 'Yes' above, please provide details below

Division i.e. Lindsay Transport	Location	Dates from and to	Position held	Reason for leaving

5B. WORK HISTORY – PART B

Please list your details of your previous employment in reverse order starting with your current or most recent position on top

Company / business name		Position held	
Location		Date employed from and to	
Reason for leaving			
Company / business name		Position held	
Location		Date employed from and to	
Reason for leaving			
Company / business name		Position held	
Location		Date employed from and to	
Reason for leaving			
Company / business name		Position held	
Location		Date employed from and to	
Reason for leaving			

6. REFERENCES (RESUME)

Please provide two professional references (who you reported to) who may be contacted to verify your previous work history and performance

Name	Position/Title	Company	Phone No.



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7. EDUCATION AND TRAINING (RESUME)

Please list any secondary, tertiary or vocational education undertaken/completed

School/ Institution	Level / Qualifications achieved	Date achieved

Please attach all certificates of education and training courses completed to this application

8. MEDICAL

Do you have any pre-existing injuries or medical conditions which could reasonably be aggravated by performing the position for which you have applied?

Do you have any current work restrictions related to your pre-existing injuries or medical conditions?

Is there any way that we may be able to reasonably accommodate your current restrictions to enable you safely and adequately undertake the position for which you have applied?

Do you take any medication which may impact your ability to safely and adequately undertake the position for which you have applied? If 'Yes', please provide details below

Is there any other relevant medical information you wish to disclose?

Please be advised knowingly supplying false or misleading information regarding a pre-existing injury or medication condition may negate your entitlement to workers compensation for an event that aggravated a non-disclosed pre-existing injury or medical condition.



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9. QUESTIONNAIRE

What do you feel are your responsibilities with regard to workplace health and safety?

How will you contribute to a positive workplace environment and culture?

Why is it important to maintain good housekeeping within the workshop?

What is your understanding of preventative maintenance?

10. WHAT PROMOTED YOU TO APPLY FOR A POSITION WITH US?

<input type="checkbox"/>	Referred by a family member or friend who is an employee. If so who?	
<input type="checkbox"/>	Position advertised in the newspaper. If so which one?	
<input type="checkbox"/>	Introduced by a recruitment agency. If so which one?	
<input type="checkbox"/>	Position advertised online e.g. Seek, Facebook. If so where?	
<input type="checkbox"/>	Other. If so please provide details.	

11. APPLICANT DECLARATION

Should I be employed, I agree to:

- Comply with all workplace health and safety policies, procedures, requirements and instructions
- Report all incidents, injuries, near misses or hazards to my Supervisor/Manager
- Attend work 'fit for duty' for all rostered shifts
- Conduct myself in a professional manner at all times while at work or while representing the company
- Wear my uniform and personal protective equipment (PPE) as directed
- Actively participate in all training and development required
- Comply with the company drug and alcohol policy
- Repay the full cost of my medical from my final pay should I resign or abandon my employment within my probation

I declare that the information I have provided within this application is true and complete to the best of my knowledge.

PRINT NAME	SIGN	DATE