



**LINDSAY AUSTRALIA**  
LIMITED

Locked Bag 2004  
Archerfield QLD 4108

44b Cambridge Street  
Rocklea QLD 4106  
P: 07 3240 4900  
F: 07 3054 0240

Dear Applicant,

corporate@lindsayaustralia.com.au  
www.lindsayaustralia.com.au

**RE: COMMERCIAL HEAVY VEHICLE DRIVER EMPLOYMENT 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 a commercial heavy vehicle driver 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**



# HEAVY VEHICLE DRIVER APPLICATION FORM

## 1. APPLICATION TYPE

Position(s) applying for	<input type="checkbox"/> Linehaul	<input type="checkbox"/> PUD	<input type="checkbox"/> Tug
Base location applying for eg: 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. HC	
State of issue		Licence class expiry date	
Forklift licence number		Forklift Licence expiry date	

Please provide information below regarding your driving history over the past 5 years

Date	Details of traffic infringement/loss of licence

Points remaining on drivers license

Please attach a current traffic print out (printed within last 14 days)	Attached	<input type="checkbox"/>	Not attached	<input type="checkbox"/>
Please attach a valid copy of your drivers licence	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. DRIVER EXPERIENCE – PART A

Rate your experience/competency with the below tasks/equipment	None	Minimal	Moderate	Substantial
Inserting and removing pogo bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using dogs, chains and binders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hooking and unhooking trailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual pallet jacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using / setting fridge motors on refrigerated vans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing work diary pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic vehicle diagnostics and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reversing onto docks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating a forklift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## 4B. DRIVER EXPERIENCE – PART B

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

General Freight	<input type="checkbox"/> Yes	_____ yrs _____ mths	Meat	<input type="checkbox"/> Yes	_____ yrs _____ mths
Chiller / Frozen	<input type="checkbox"/> Yes	_____ yrs _____ mths	Produce	<input type="checkbox"/> Yes	_____ yrs _____ mths
Livestock	<input type="checkbox"/> Yes	_____ yrs _____ mths	Dangerous goods	<input type="checkbox"/> Yes	_____ yrs _____ mths
Other	<input type="checkbox"/> Yes	_____ yrs _____ mths	If 'Other', please specify: _____		

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

Tautliner	<input type="checkbox"/> Yes	_____ yrs _____ mths	Open trailer	<input type="checkbox"/> Yes	_____ yrs _____ mths
Tanker	<input type="checkbox"/> Yes	_____ yrs _____ mths	Vans	<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?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you provided services as a contractor to any of the Lindsay Australia Ltd group of companies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 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			
Have you completed Basic Fatigue Management (BFM) training?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you completed Dangerous Goods (DG's) training?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you completed Maritime Security Identification Card (MISC) training?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please attach all certificates of education and training courses completed

## 8. MEDICAL

Do you have any pre-existing injuries or medical conditions which could reasonably be aggravated by performing the tasks required of this role?


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 tasks required in this role?


Do you suffer from any type of sleep disorders i.e. sleep apnoea, restless leg syndrome? If 'Yes', please provide details below


Do you have any medical restrictions placed on your license (conditional licence)? If 'Yes', please provide details below




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Do you take any medication which may impact your ability to safely operate a heavy vehicle? 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.

## 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 should you be selected to become a professional driver within the Lindsay Australia Ltd group of companies?


## 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.	



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## 11. APPLICANT DECLARATION

Should I be employed, I agree to the following:

- Comply with all workplace health and safety policies, procedures, requirements and instructions
- Comply with all workplace health and safety policies, procedures, requirements and instructions
- Report all incidents, injuries, near misses or hazards to my supervisor/manager
- Complete and submit my work diary pages in accordance with company and legislative requirements
- Attend work 'fit for duty' for all rostered shifts
- Comply with the vehicle no smoking policy and not smoke in any company vehicle
- Conduct myself in a professional manner at all times while at work or while representing the company
- Wear my uniform and personal protective equipment as directed
- Participate in all training and development required
- Comply with the company drug and alcohol policy
- Pay all fines incurred for an vehicle in my responsibility
- Repay the full cost of my medical from my final pay should I resign or abandon my employment within my probation
- Not to tamper with and company plant or equipment
- Comply with the company no unauthorised passenger policy

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