

# APPLICATION FOR EMPLOYMENT – WICKHAM GROUP

“The strength of our company is measured by the pride of our people”

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, colour, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status

## PRIVATE & CONFIDENTIAL

Position applied for:

Surname:

Given name(s):

Title:

Address:

State:

Postcode:

Telephone number (landline):

Telephone number (mobile):

Email address:

Current driving licence?

Yes

No

Details of licence:

Conditions:

Licence class:

Expiry date: / /

Are there any restrictions on you taking up employment in Australia?  
*(If yes, please provide details)*

Yes

No

Have you ever applied for employment or worked for Wickham Freight Lines before?

Yes

No

What type of employment are you looking for

Full Time

Casual

How many hours p/wk:

Which department would you like to work in

Warehouse/Washbay

Truck Driver

Workshop

Operations

Administration

Farming

## Education history

Schools:

Qualifications gained:

Year completed:

Colleges/universities:

Qualifications gained:

Year completed:

Other training, tickets, licences:

Qualifications gained:

Year completed:



**Employment history**

*(Please complete in full your most recent employment first and use a separate sheet if necessary)*

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**1.** Name of employer (current): \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Notice required in current role: \_\_\_\_\_

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**2.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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**3.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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**4.** Name of employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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**Current membership of professional bodies**

Please note any professional bodies you are a member of or are registered with(eg. Mission Australia, Neato Employment).

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**Other employment**

Please note any other employment you would continue with if you were to be successful in obtaining this position.

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**References**

**Please note the names and contact details of three persons from whom we may obtain work experience references.**

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Known in the capacity of: \_\_\_\_\_  
(i.e. Manager/Education)

2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Known in the capacity of: \_\_\_\_\_  
(i.e. Manager/Education)

3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Known in the capacity of: \_\_\_\_\_  
(i.e. Manager/Education)

**Criminal record**

Please note any criminal convictions. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory National Police Check and/or Working with Children Check.

**Declaration**

(Please read this carefully before signing this application)

- 1. I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice.
- 2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
- 3. I agree that the employer reserves the right to require me to undergo psychometric testing and that the information will be used for the purposes of assessing my skills and abilities in the context of my application for employment.
- 4. I agree that should I be successful in this application, I will, if required, apply for a National Police Check and/or Working with Children Check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed (Applicant): \_\_\_\_\_ Date: / /

Signed (Parent/Guardian, if under age of 18): \_\_\_\_\_ Date: / /



# APPLICATION FOR EMPLOYMENT – WICKHAM FREIGHT LINES

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Washbay

## Washbay

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Do you have experience in a hands on / labouring role  Yes  No

Detail of experience:

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Have you washed trucks / trailers before  Yes  No

Detail of experience:

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Do you have a background in the transport industry  Yes  No

Detail of experience:

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Do you hold a current truck licence  Yes  No

What Class:  HR  HC  MC

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Do you hold a current Forklift Licence  Yes  No

How long have you held your licence for:

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