

# 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

## Workshop

### Workshop

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Do you hold a trade qualification  Yes  No

Name of Trade:

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Are you familiar with the recommended safe lifting procedures  Yes  No

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Have you had any experience working with Kenworth Trucks  Yes  No

Detail Experience:

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Have you had any experience with Cummins, Detroit or Cat engines  Yes  No

Detail Experience:

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Have you had at least 2 years experience working on diesel engines  Yes  No

Detail Experience:

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Have you had any experience with Highway Trucks  Yes  No

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Have you had any experience with BPW Suspension  Yes  No

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Have you had any experience with automotive air conditioning  Yes  No

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Have you had any experience with Eaton Transmission  Yes  No

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Have you had any experience with Rockwell differentials  Yes  No

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Do you hold a forklift licence  Yes  No

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Have you had any experience with heavy fabrication  Yes  No

Detail of experience:

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Have you had any welding experience  Yes  No

What types of welding:

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Do you have your own toolbox?  Yes  No

What type of tools do you have:

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# APPLICATION FOR EMPLOYMENT – WICKHAM FREIGHT LINES

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## Workshop Apprenticeship

### Workshop / Fabrication / Trailer Bay

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Are you over 18 years of age

Yes  No

If not, please advise your age:

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Please provide name and contact details of your parent or guardian:

First & Last Name:

Phone Number:

Address:

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What grade did you get for English at High School:

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Did you undertake a manual arts or workshop subject at high school

Yes  No

Detail of experience:

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Have you done work experience before in a workshop environment?

Yes  No

Detail of experience:

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