

EMPLOYMENT APPLICATION FORM
SWANSON TRANSPORT LIMITED

DATE: _____ POSITION: _____

NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

D.O.B: _____ AGE: _____

HOW MANY YEARS DRIVING EXPERIENCE: _____

CLASS AND ENDORSEMENTS ON LICENCE: _____

HOW MANY YEARS EXPERIENCE WITH:

FORKLIFT _____

HIAB _____

GENERAL _____

FLAT TOP _____

LIQUIDS _____

WIDE LOADS _____

DANGEROUS GOODS _____

WAREHOUSE _____

CUSTOMER SERVICE _____

DISPATCHING _____

KNOWLEDGE OF AUCKLAND _____

DO YOU HAVE A CLEAN DRIVERS LICENCE: _____

DO YOU HAVE YOUR OWN VEHICLE: _____

DO YOU HAVE ANY CRIMINAL CONVICTIONS: _____

WILL UNDERTAKE PRE-EMPLOYMENT & RANDOM DRUG TEST: _____

CURRENT HEALTH CONDITION _____

ANY PREVIOUS ACC CLAIMS _____

ANY RESIDUAL HEALTH PROBLEMS _____

PREVIOUS EMPLOYER: _____

REFEREES NAME: _____ PHONE: _____

I CONFIRM THE INFORMATION IS TRUE AND ACCURATE

SIGNED _____ DATE: _____

INTERVIEWER _____