Application Form



EMPLOYMENT APPLICATION	FOR SOUTHLINK & LINKSA					
Position Applied For:						
Position Type:	Permanent / Case	ual		www.southlink.com.au www.linksa.com.au		
Preferred Worksite Location:_						
How did you find us:						
					ırn to: <u>info@sou</u> O Box 822 Mt B	
CONFIDENTIAL				Application	on Number Offic	ce Use Only
Personal Details						
Surname						
Given Name/s						
Address		Post Code:				
Date of Birth		Weight*				Kgs
Contact Telephone Numbers	Day:	Mobile:			A/Hours:	
E-mail address						
	tions, it is necessary for the Compan	y to employ drivers whose	weight o	loes not excee	ed 120 kgs.	
Licence Details						
C Class - Car Licence Number		Expiry Date				
LR / MR / HR Licence Number		Expiry Date				
Class/s Held						
Large Passenger Accreditation Number		Expiry Date				
Small Passenger Accreditation Number		Expiry Date				
Driving History						
Have you ever had your licence suspended? If yes, give full details.						
How many points do you have on your Licence (0 = All my Points - 12 = No Points Left)						
Excluding parking offences, what traffic convictions, including expiation offences, have you been charged with over the last 10 years?						
Give full details.						
Have you any criminal of details.	convictions? If yes, give					

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Medical: Information given remains		False or misleading information may cause your application to be invalid or				
strictly confidential		you may risk dismissal. Yes/No				
Have you any medical conditions that we should know about?						
		If Yes give details				
Do you have any physical limitations that we		Yes/No				
should know about that may affect you successfully fulfilling the position applied for?		If Yes give details				
Please Note: You no						
	end, stretch, lift, reach					
and sit for long periods of time to fulfil this role.						
	apable to take part in	Yes/No				
a Pre-Employment Capacity Assessment?		If No why not				
COVID-19 Vaccination Status		Yes/No				
You will be required to show proof of vaccinations		If No why not	If No why not			
Experience & Skills						
What experience and skills do you have in handling cash or ticketing as relevant to this position?						
What experience and skills do you have in dealing with the general public?						
What experience and skills do you have in operating a two-way radio as relevant to this position?						
What experience have you had driving buses or heavy vehicles?						
What other skills or ex as relevant to this posi	perience do you possess tion?					
Employment History						
Period	Employer (Current, or most recent first)	Position Held	Reason for leaving			
From						
То						
From						
То						
From						
То						
From						

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R	eferees			
Pr	ovide two (preferably job related) and telephone num	bers.		
Na	ame, position, company	Telephone number		
Na	ame, position, company		Telephone number	
	eclaration			
pa	ave you received or applied for any termination ayment which would restrict you from applying for this osition? If yes give details.			
	ave you applied previously with Keolis Downer, outhLink or Link SA.			
THE •	APPLICANT'S ATTENTION IS DRAWN TO THE FOLLOWING OF All Keolis Downer facilities are alcohol and drug free working Smoking restrictions apply in all Keolis Downer workplaces. Keolis Downer complies with all applicable Anti-Discrimination Legislation.	enviro	onments.	rtunity and Privacy
In ac emp App emp to di infor Link	VACY and PERSONAL INFORMATION STATEMENT cocordance with the Federal Privacy Act 1998 SouthLink & LinkSA is obloyees including the appropriate handling of all personal information lication Form is required by SouthLink or LinkSA in order to determ obloyment with SouthLink or LinkSA. As part of this assessment processor your personal information to personnel nominated in the Approximation may preclude your application being considered. If you wis SA holds about you in relation to this Employment Application Form 6 2888.	on. The nine the cess ar oplication h acce	information you provi e suitability of an applied nd related purposes, S on Form. Failure to pross to the personal info	de in the Employment cant for the purpose of touthLink or LinkSA may need by the requested that SouthLink or
APF	PLICATION DECLARATION			
a)	I understand that if I give a false or misleading answer to any question on this application form, I will, if accepted for employment, be liable for immediate dismissal without notice.	c)	provider nominated b	dertake a Capacity Assessment by a by Keolis Downer and allow Keolis iny criminal record search.
b)	I understand that strict conformity with safety requirements and procedures in the Keolis Downer SouthLink or LinkSA Employee Manual and/or Drivers Manual will be required if I am successful in gaining employment with SouthLink or LinkSA.	d)	I authorise Keolis Do to contact my referee	owner (or their authorised persons) ss.
	Signature of Applicant:		Date:	

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