



Young's Bus Service  
P.O. Box 8189  
Allenstown Qld 4700

## Employment Application

Surname:	Licence No:
First Name:	Expiry Date:
Address:	Licence Classification:
	State of Issue:
	Years held:
Home Telephone:	Driver's Authorisation No
Mobile:	Class
	Expiry Date:
Email::	

1. Employment History (start with most recent):

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2. Other Experience or Skills:

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3. Are you legally entitled to work in Australia?

YES / NO

4. If offered the position, would you agree to undergo a medical examination?

YES / NO

5. Please provide the name, address and telephone numbers of two references from whom confidential reports may be obtained.

Reference 1:

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Reference 2:

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

6. Are you prepared to work odd hours and travel away for extended periods of time if required?

YES / NO

7. Are you prepared to handle all products, material and equipment used in the industry, including loading and unloading of vehicles, changing of tyres and cleaning of vehicles?

YES / NO

8. Do you have any disabilities or medical conditions that may affect your ability to successfully undertake this position?

YES / NO

Please provide details:

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9. In the last (10) years have you been convicted of any criminal offence?

YES / NO

10. Are there any charges pending against you in Queensland or elsewhere?

YES / NO

## Physical Requirements

The following information concerning key physical criteria is needed to help us identify any issues that may need to be followed up at a later stage and also provide applicants with a better understanding of the physical job requirements.

Please answer the following:

1. Are you taking any medication which affects your mental alertness  
YES / NO
2. Do you have any medical conditions that can affect your mental Alertness  
YES / NO
3. Do you have any difficulties hearing speech, Traffic warnings, Radio Communications with or with out a Hearing aid?  
YES / NO
4. Do you have any difficulties seeing ticket details, bus stops or passenger signals, near or far, with or without glasses?  
YES / NO
5. Is their anything that prevents you from speaking clearly to provide information and instructions to other employees or customers?  
YES / NO
6. Do you have difficulties exerting and maintaining pressure on an accelerator pedal for long periods?  
YES / NO
7. Do you have any physical restrictions that may prevent or restrict you from rotating or twisting your body, neck, upper limbs shoulders or lower back?  
YES / NO
8. Do you have any difficulties maintaining a seated or standing position for long periods of time?  
YES / NO
9. Do you, or have you ever smoked?  
YES / NO
10. The weight bearing limit on the driver's seat of Young's Bus Service buses is 120 KG. Is your weight above 120 KG?  
YES / NO
11. Are you aware that it is illegal to smoke on a bus?  
YES / NO

## Please provide copy of following documents

- Copy of Drivers License
- Copy of current Queensland Drivers Authority
- Copy of Queensland Transport Driving History

I declare that the information given above is true and correct.

I am aware of the consequences of giving incorrect Information, particularly in regards to section 701 of the Industrial Relations Act 1999 (False pretence relating to employment) and the requirements (obligation of Care) under the Workplace Health & Safety Act 1995.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_