

Employment Application Form

Position Applying For:

| | | |
|--|---|---|
| Transport: <input type="radio"/> Driver (License Type | <input type="radio"/> Forklift Operator | <input type="radio"/> Mechanic (Workshop) |
| Transport Management: <input type="radio"/> Operations Manager | <input type="radio"/> Operations Supervisor | |
| Warehouse: <input type="radio"/> Admin | <input type="radio"/> Pick/Pack | |
| Warehouse Management: <input type="radio"/> Warehouse Manager | <input type="radio"/> Warehouse Supervisor | |
| Clerical/ Admin: <input type="radio"/> AP <input type="radio"/> AR <input type="radio"/> Payroll <input type="radio"/> HR <input type="radio"/> WHS/RTW <input type="radio"/> Sales | | |
| Management: <input type="radio"/> Operations <input type="radio"/> Finance <input type="radio"/> HR/Payroll <input type="radio"/> BD/ Sales | | |
| <input type="radio"/> Other --Please Specify | | |
| <input type="radio"/> Full-time | <input type="radio"/> Part-time | <input type="radio"/> Casual |
| | | <input type="radio"/> Owner/ Driver |
| <input type="radio"/> Day Shift | | <input type="radio"/> Night Shift |

Personal: (PLEASE PRINT IN BLOCK LETTERS)

| | |
|---|--|
| Date: | |
| Name: | |
| Address: | |
| | Postcode: |
| Phone No: (Home) | Mobile: |
| Date of Birth: | |
| Name of Kin: | Phone No: |
| Relationship: | |
| Payslip: <input type="radio"/> Hard Copy | <input type="radio"/> Soft Copy (Please Provide Email Address) |
| Email Address: | |

Current Driver License Details: (ONLY RELATES TO DRIVERS)

| | |
|--|------------------------|
| Driver License No: | State of Issue |
| Driver License Class: | |
| Expiry Date: | Demerit Points: |
| Reason for Demerit Points: | |
| Copy of Driver License Attached: <input type="radio"/> Yes <input type="radio"/> No | |
| For Driving positions please provide a VIC Roads (or similar) history (attached) : <input type="radio"/> Yes <input type="radio"/> No | |

Employment Application Form

Other License/ Qualification Details: (ONLY RELATES TO DRIVERS/ FORKLIFT OPERATORS)

| | | |
|--|---------------------------|--------------------------|
| Do you hold any other type of license or accreditation? (Please supply photocopy) | <input type="radio"/> Yes | <input type="radio"/> No |
| • Forklift License | <input type="radio"/> Yes | <input type="radio"/> No |
| • Dangerous Goods | <input type="radio"/> Yes | <input type="radio"/> No |
| • Certificate/ Diploma Warehousing/ Transport | <input type="radio"/> Yes | <input type="radio"/> No |
| • Advanced Driving Course | <input type="radio"/> Yes | <input type="radio"/> No |
| • Safety | <input type="radio"/> Yes | <input type="radio"/> No |
| • Other (please specify) | <input type="radio"/> Yes | <input type="radio"/> No |
| | | |
| | | |

Other License/ Qualification Details: (ONLY RELATES TO DRIVERS/ FORKLIFT OPERATORS)

| | |
|--|-----------------|
| Date From: | Date To: |
| Company: | |
| Contact Person: | Phone: |
| Qualifications and Experience gained: | |
| | |
| Date From: | Date To: |
| Company: | |
| Contact Person: | Phone: |
| Qualifications and Experience gained: | |
| | |
| Date From: | Date To: |
| Company: | |
| Contact Person: | Phone: |
| Qualifications and Experience gained: | |
| | |

Employment Application Form

Personal History:

| | | |
|--|---------------------------|--------------------------|
| Are you an Australian Citizen? | <input type="radio"/> Yes | <input type="radio"/> No |
| If not an Australian Citizen, do you have a residency status? | <input type="radio"/> Yes | <input type="radio"/> No |
| Specify Visa Type: | | |
| Specify Visa Expiry Date: | | |
| | | |
| Do you have any outstanding and/ or a current work cover claim against any of your previous employers? | <input type="radio"/> Yes | <input type="radio"/> No |
| If Yes, give details: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Have you ever been convicted of a criminal offence? | <input type="radio"/> Yes | <input type="radio"/> No |
| If Yes, give details: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Have you ever been involved in an accident in a previous driving role? | <input type="radio"/> Yes | <input type="radio"/> No |
| If Yes, give details: | | |
| | | |
| | | |
| | | |
| | | |

Acknowledgement

To the best of my knowledge the information that I have supplied is accurate and true. I understand that my employment may be terminated if any of the above information is found to be inaccurate or untrue.

I understand that the completion of the requirements in this Application does not mean or imply that an offer of employment has been made.

I give Infinity Logistics authority to validate details with my former employers and I release any firm, or person from liability in respect to the information given.

I AM PREPARED TO UNDERGO ANY REQUIRED MEDICAL EXAMINATION (INCLUDING DRUG AND ALCOHOL SCREENING) AND/ OR PRE-EMPLOYMENT TESTING BY INFINITY LOGISTICS NOMINATED PROVIDERS TO ASSESS MY SUITABILITY FOR EMPLOYMENT IF REQUIRED:

Yes No

Applicant Signature: **Date:**

Minimum Terms and Conditions for Employment

1. I have the right to work in Australia and am able to provide appropriate documentation upon request.
2. I understand that any appointment is conditional on a Medical Practitioner certifying me Physically Fit to perform the tasks associated with my employment with Infinity Logistics.
3. I understand that employment may be in accordance with an Award or registered Industrial Agreement governing Infinity Logistics' work.
4. I am prepared to wear any clothing, footwear or safety equipment that may be supplied by Infinity Logistics and agree to abide by all safety and work regulations and/or instructions.
5. I understand that it is law that a 0.00% BAC applies to all employees.
6. The Infinity Logistics Drug and Alcohol Policy states that alcohol is not to be consumed between the commencement hours and finishing hours on any working day, including the times designated as unpaid meal breaks.
7. Applications for annual leave during October – December period will not be approved.
8. If for any reason, my license is suspended or cancelled or I am unable to attend work due to misadventure I agree to inform the company within 24 hours. I understand that failure to do so is a dismissible offence. This may result in Frustration of Contract which means I am no longer able to perform inherent requirements of the role I was employed to do and hence ending the employment relationship.
9. I agree to allow an Infinity logistics representative to search my vehicle, parcel or any receptacle in my possession or power while I am on Infinity logistics or customer sites.
10. I understand that I am employed on a casual/ full-time/ part-time basis with the first six months of employment being a probationary period.
11. I understand that any offer of appointment is based on accuracy of information contained in this application.
12. I agree to abide by all Infinity Logistics Policies and procedures as published, amended and communicated from time to time.
13. Infinity Logistics has the right to dismiss an employee without notice for conduct that justifies instant dismissal. Instant dismissal does not require Infinity Logistics to give notice, counselling or warning if the employee is found to have committed serious or wilful misconduct. Serious and/or wilful misconduct includes, but is not limited to: theft, consumption or possession of alcohol or non-prescribed drugs on infinity Logistics premises, physical assault or breach or Infinity Logistics Inappropriate Behaviour Policy (e.g. harassment, sexual harassment, workplace bullying, occupational violence).
14. I authorise Infinity Logistics to conduct periodic checks of currency and status of driver's license or any other license/qualification used in the course of my employment.
15. Abandonment of Employment: I understand that if I fail to attend work without notifying Infinity Logistics of reasons for my absence and the expected duration of my absence, Infinity logistics may treat my absence as a resignation, in which case my employment with Infinity logistics will be terminated without notice.

I have read and understand the minimum terms and conditions for employment as prescribed above.

Applicant Signature: **Date:**