

EMPLOYEE'S PERSONAL DETAILS

Application Date: _____

Position: _____

Department/Division: *Yellow Cabs (Qld) Pty Ltd - Administration*

Personal Details:

Surname: _____ First Name(s): _____

Address: _____

_____ Post Code: _____

How long have you lived in Brisbane: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Message only phone: _____

Birthdate: _____ Birthplace: _____

Next of Kin: _____

Address: _____

_____ Post Code: _____ Contact Phone: _____

Do you hold a current First Aid Certificate (YES/NO) _____

Education Level Attained: _____

School/s Attended: _____

Other Courses/Qualifications Achieved: _____

1. _____

2. _____

3. _____

Current or Proposed Studies: _____

Employment History: *Please attach Resume to application*

Please provide details of recent employment:

1. Name of Employer: _____
Address: _____
Contact Name: _____ Phone: _____
Date Started: _____ Date Terminated: _____
Position Held: _____
Duties Performed: _____

Reason for Leaving: _____

2. Name of Employer: _____
Address: _____
Contact Name: _____ Phone: _____
Date Started: _____ Date Terminated: _____
Position Held: _____
Duties Performed: _____

Reason for Leaving: _____

3. Name of Employer: _____
Address: _____
Contact Name: _____ Phone: _____
Date Started: _____ Date Terminated: _____
Position Held: _____
Duties Performed: _____

Reason for Leaving: _____

Are you currently employed: _____

If so, why do you wish to change your place of employment: _____

List Skills/Traits applicable to this position:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____

Shift Workers: I do / I do not have my own transport (please circle)

Current Driver's Licence Number: _____

Do you have a Specialist Driving Certificate? _____

If Yes, please complete the following:

Licence Number: _____ Expiry Date: _____

Have you ever (in Qld or elsewhere) been convicted of any offence – Criminal, Traffic or Civil (e.g. assault, stealing, speeding etc)? _____

Details: _____

Please supply a minimum of 2 referees:

Name: _____ Position: _____

Company: _____ Phone Number: _____

Name: _____ Position: _____

Company: _____ Phone Number: _____

Name: _____ Position: _____

Company: _____ Phone Number: _____

I hereby give permission for Yellow Cabs (Qld) Pty Ltd to contact these referees in order to gain a verbal reference: (please circle one) Yes / No

I hereby certify that the preceding information is true and correct in every particular.

Signed: _____

Date: _____

Witnessed by: _____ (please print name)

Witness signature: _____

Date: _____

Please send completed form to :

Yellow Cabs (Qld) Pty Ltd
Human Resources – Communications Ctr
PO Box 1099
Coorparoo DC 4151

Or:

Fax to :
(07) 3891 0036