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Saturday, July 30, 2011

Web: [www.millarstransport.com.au](http://www.millarstransport.com.au)  
Email: [info@millarstransport.com.au](mailto:info@millarstransport.com.au)

## Driver Application Form

Full Name: \_\_\_\_\_  
(as appears on drivers licence)

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

(if different from above)  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

All applicants wishing to obtain employment at Millars Transport & Logistics Pty Ltd, must supply in writing a full resume including but not limited to the following:

- Full name and address details.
- Education history.
- Complete past employment history.
- Completed Drivers Declaration form, (Attached)
- Copy of traffic authority print out from all states you have held a licence in the past 5 years.

Before applying you must also have:

- Be over 25 years of age.
- Over 3 years experience in your licence category.
- Experience in over dimensional and heavy haulage (preferred)
- Clean driving history.
- Clean medical examination and drug test.

References,

1. Name: \_\_\_\_\_ Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Number: \_\_\_\_\_

Please fill out this application and the attached declaration form and return via:

Post: Millars Transport & Logistics  
P.O Box 174  
Heyfield, Victoria, 3858

# DRIVER DECLARATION



ALL QUESTIONS MUST BE ANSWERED. If insufficient space to fully answer any question – attach separate document. This Declaration is not complete unless accompanied by an up to date, Traffic Offence History from the relevant Government Authority, for the time you have been licenced, up to the last 5 years. Drivers licenced in the Northern Territory must attach a legible copy of their current licence. Tick appropriate response to Yes  No  Questions.

**Enquiries, Confirmation Facility and Complaints**  
If for any reason You wish to make an enquiry about Your policy, obtain confirmation of any policy transaction or have cause for complaint please contact us on –  
Phone: 07 3503 3100 or Fax: 07 3503 3101

## PART 1: INSURED'S NAME

Insured's Name:

Policy Number:

## PART 2: DRIVER'S NAME & ADDRESS

Driver's Name: ..... Date of Birth: / /  
Address: ..... State: Postcode:

## PART 3: DRIVER'S LICENCES (List all licences held, including suspended licences)

Licence Number	State of Issue	Class/es	Expiry Date	How long held	Endorsements

Have you ever held a licence in another State or under another name? Yes  No  If Yes, give full details:

## PART 4: DRIVER'S EMPLOYMENT HISTORY

Date insured employed you? Type of vehicle & radius you will be driving for Insured: A/Wide  Km

	List your employers for the last 3 years	Period Employed	Vehicles Driven	Radius Operated
1.				A/Wide <input type="checkbox"/> Km
2.				A/Wide <input type="checkbox"/> Km

## PART 5: DRIVER'S HISTORY: If you answer Yes to any of these questions, give full details below or attach a separate sheet.

Have you ever had an insurance policy, declined, cancelled, renewal refused or special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	During the last 5 years, have you had any driving offences or traffic infringements (other than parking) or a driver's licence suspended or cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had an insurance claim refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other than those excluded from disclosure by law, have you been convicted of a Criminal Offence during the last 10 years as an adult, or during the last 5 years as a juvenile?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any physical or mental defects or infirmities?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
During the last 5 years, have you had any Motor Vehicle accidents, fires, thefts, malicious damage or any other losses or incurred any liabilities through the use of a Motor Vehicle, whether a claim was lodged or not? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details below ('Known to Company' not acceptable):			
Date of Event	Insurer	Driver	Amount of Loss
			\$
			\$

List any driver training programs completed in last 5 years:

## PART 6: PRIVACY NOTICE

We (Transcorp and the Insurer) are committed to complying with the principles of the *Privacy Act 1988* (Cth) concerning the collection, use and management of personal information about individuals.

We will collect and use the personal information to arrange Your cover and administer and manage Your and Our rights and obligations in relation to it.

We disclose personal information to third parties who We believe are necessary to assist Us and them in providing the relevant services and products. For example We provide it to – Our staff, contractors and agents such as legal firms, accountants, actuaries, loss adjustors and claims investigators, doctors and other medical service providers; insurers, reinsurers, and insurance brokers; insurance or credit reference bureaus; Your agents and Your employer. We also provide it to others for purposes of public safety and law enforcement and to pursue Our rights of subrogation.

We limit the use and disclosure of any personal information provided by Us to them to the specific purposes We supplied it.

If You would like a copy of Our Privacy Policy, wish to opt-out of receiving marketing material We send or wish to access to or correct the personal information We have collected or disclosed about You then contact Us (see contact details on this document).

When You give Us personal information about other individuals, We rely on You to have made or make them aware that You will or may provide their information to Us and the types of third parties We may provide it to, the relevant purposes We and the third parties will use it for, and how they can access it. If it is sensitive information We rely on You to obtain their consent on these matters. If You have not done or will not do either of these things, You must tell Us before You provide the relevant information.

## PART 7: DECLARATION by DRIVER and INSURED

I declare that the answers and information given in this Declaration are true in all respects. I agree that within 7 days of receiving a request from the insurer I will obtain from the relevant government authority a complete and up to date written record of my driving offences.

Driver's Signature.....Date / /20 .....am/pm

Insured's Name:.....Insured's Signature.....Date / /20 .....am/pm

## PART 8: OUR DECISION

APPROVED. We have decided that the driver whose name appears in PART 2 on this form is an Approved Driver.  
 UNAPPROVED. We have decided that the driver whose name appears in PART 2 on this form is NOT an Approved Driver. We give you notice that the Unapproved Driver Excess will continue to apply in respect of that driver, but will not apply in respect of that driver for days from the date of this notice.

Transcorp Signature.....Date / /20 .....am/pm