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|-----------------|--|
| Date:           |  |
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## Welcome to Buslink – Message from the Managing Director



Buslink NT started as a 3 bus operation in Darwin in 1988 and now operates not only in Darwin but also Alice Springs and Jabiru. In the Territory we now have around 150 buses and 250 employees. Buslink NT is part of the larger Buslink group which operates across Australia with a fleet of over 500 buses and 700 employees.

At Buslink NT we are customer focussed, aiming to provide a safe and pleasant journey for each and every passenger we carry. We operate school, special needs, urban and charter services across our Berrimah, Humpty Doo, Jabiru and Alice Springs depots.

In applying for a job at Buslink you are expressing your interest to join a company that is locally focussed and takes great pride in delivering services to our communities.

Should your application be successful you will be trained in the appropriate tools to deliver services to the high standard expected of Buslink. With our training, and your dedication, you can have a fulfilling career with Buslink.

I encourage you to visit our website for more information on Buslink. Good luck with your application.

**David Hannon**

Managing Director - NT  
Buslink



## 1. Casual School Bus Driver – Position Description

This position is primarily responsible for driving buses safely and transporting up to 85 passengers at a time on a regular daily schedule on school days over a specified routes of travel.

The job is a serious one with both legal and moral obligations associated with it. Rules Regulations, Policies, Procedures and work place training instructions must be followed at all times.

You will be required to communicate and submit reports to operations supervisors as required.

Drive all company vehicle with respect to general wear and tear.

Reliability is an important part of a casual school bus driver and presentation of yourself in uniform is expected to be at a very high standard. Be available to work on every school day in the am and pm.

Respect all clients with courtesy, respect, sensitivity and ensure the care, safety and comfort of all passengers.

### Have you got what it takes...?

If you are thinking of becoming a commercial passenger bus driver the following self-assessment is aimed at helping you decide whether you have the necessary attributes, qualifications and personal values required for the job.

Prior to completing the job application, we suggest you take the time to go through the self-assessment questionnaire on the following page. Go through the carefully and honestly before you decide to apply for a casual bus driver position.

If you think this job is for you, and that you can meet the criteria, we urge you to complete the application in the following pages and return it to us at your earliest convenience.





## 2. Self-Assessment Questionnaire

|  |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| DO YOU HOLD.....   | .... A current unrestricted Northern Territory MR or above drivers licence?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | If <b>No</b> , are you willing to pass a theory test and be trained?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... A current Northern Territory “h” endorsement?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | If <b>No</b> : Can you pass a national criminal history check (C Form)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | Can you pass a medical fitness to drive (CPVF05 & L2 Form)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | Can you pass a commercial passenger bus hire and reward theory test   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... A current NT – Working with Children OCHRE Card?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If <b>No</b> , can you pass a criminal history working with children check (E Form)  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |                             |
| .... Australian citizenship, permanent residency status of Australia, or hold a visa that allows you to work in Australia? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |                             |
| .... A Current First Aid Certificate   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |                             |
| DO YOU HAVE.....   | .... Basic mathematical skills such as adding, subtracting and multiplying?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... English comprehension, reading and writing skills?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Reliable references with current contact numbers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Physical and mental fitness to perform the role as a commercial passenger bus driver?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Knowledge and understanding of Australian Road Rules with the ability to obey them?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ARE YOU PREPARED TO.....   | .... Provide a copy of current driving history record from MVR if requested?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Undergo a driving test?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Undergo a company medical assessment (at the company’s expense) this includes providing a urine and physical assessment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Follow workplace training, inductions, rules, regulations, policies & procedures?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Wear a company uniform while on duty?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Arrive to work on time and be reliable?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | .... Work in a safe manner at all times?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| .... Respect workplace culture?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |                             |



# Casual Bus Driver – Job Application

Date Reviewed: 8<sup>th</sup> March 2017  
Issue No: 4

## 3. Application Details for Employment

|                    |                                 |                                     |                                 |  |
|--------------------|---------------------------------|-------------------------------------|---------------------------------|--|
| Preferred Location | <input type="checkbox"/> Darwin | <input type="checkbox"/> Humpty Doo | <input type="checkbox"/> Jabiru | <input type="checkbox"/> Alice Springs |
|--------------------|---------------------------------|-------------------------------------|---------------------------------|--|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever applied for employment or worked for Buslink | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes, please state where, when and in what capacity

|          |  |
|----------|--|
| Where    |  |
| When     |  |
| Capacity |  |

|       |                             |                              |                             |                               |   |
|-------|-----------------------------|------------------------------|-----------------------------|-------------------------------|---|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other, please specify: |
|-------|-----------------------------|------------------------------|-----------------------------|-------------------------------|---|

|           |  |
|-----------|--|
| Full name |  |
|-----------|--|

|                |       |      |           |
|----------------|-------|------|-----------|
| Street Address |       |      |           |
|                | State | City | Post Code |
| Postal Address |       |      |           |
|                | State | City | Post Code |

### Contact Details

|            |  |        |  |
|------------|--|--------|--|
| Home Phone |  | Mobile |  |
| Email      |  |        |  |

### Residential Status

|                    |                                       |                                   |                                  |
|--------------------|---------------------------------------|-----------------------------------|----------------------------------|
| Residential Status | <input type="checkbox"/> Working Visa | <input type="checkbox"/> Resident | <input type="checkbox"/> Citizen |
|--------------------|---------------------------------------|-----------------------------------|----------------------------------|

If yes to Working Visa, please provide details below and attach your visa condition notice

|  |
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## 4. Drivers Licence, Experience & Working with Children Card Information

### Driver Licence Information

|                    |  |                      |   |   |
|--------------------|--|----------------------|---|---|
| Drivers Licence No |  | Expiry Date          | / | / |
| Licence Class      |  | State                |   |   |
| Licence Conditions |  | Licence Endorsements |   |   |
| Other Endorsements |  | Expiry Date          | / | / |

How long have you held this Licence

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever been refused a licence or passenger licence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had your licence revoked or taken away      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details                            |                              |                             |
|   |                              |                             |

Please give details of any road accidents, blameworthy or otherwise, in which you have been involved in the last five years

|  |
|--|
|  |
|  |
|  |

Are you able to provide a copy of your current driving history  Yes  No

Date of last fitness to drive medical assessment / /

Please list relevant Qualifications or Certificates of Competencies you have

|  |
|--|
|  |
|  |

Do you have a USI – Unique Student Identifier...?  Yes  No

If Yes, please record it here:

Please indicate previous bus driving and/or heavy vehicle experience with dates

|  |
|--|
|  |
|  |

Working with Children – OCHRE Card Number / /



## 5. Employment History and References

### Current or Most Recent

|                          |   |   |               |   |   |
|--------------------------|---|---|---------------|---|---|
| Employers Name           |   |   |               |   |   |
| Employees Address        |   |   |               |   |   |
| Position held and duties |   |   |               |   |   |
| Date Started             | / | / | Date Finished | / | / |
| Reason for leaving       |   |   |               |   |   |
| Name of Supervisor       |   |   |               |   |   |

|                          |   |   |               |   |   |
|--------------------------|---|---|---------------|---|---|
| Employers Name           |   |   |               |   |   |
| Employees Address        |   |   |               |   |   |
| Position held and duties |   |   |               |   |   |
| Date Started             | / | / | Date Finished | / | / |
| Reason for leaving       |   |   |               |   |   |
| Name of Supervisor       |   |   |               |   |   |

|                          |   |   |               |   |   |
|--------------------------|---|---|---------------|---|---|
| Employers Name           |   |   |               |   |   |
| Employees Address        |   |   |               |   |   |
| Position held and duties |   |   |               |   |   |
| Date Started             | / | / | Date Finished | / | / |
| Reason for leaving       |   |   |               |   |   |
| Name of Supervisor       |   |   |               |   |   |

### References

|                  | REFEREE 1 | REFEREE 2 |
|------------------|-----------|-----------|
| Name             |           |           |
| Title / Position |           |           |
| Company          |           |           |
| Address          |           |           |
| Contact Number   |           |           |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| At this stage do we have permission to contact your referees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, please indicate when it would be acceptable           |                              |                             |
|  |                              |                             |
|  |                              |                             |



## 6. Medical History

Do you suffer, or have you suffered from any of the following...?

|                |                              |                             |                        |                              |                             |
|----------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| Hepatitis      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Breakdown              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Back Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Arthritis              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart Defect / Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blackouts      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Allergies              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma / Lungs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aids                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever experienced any accidents involving personal injury or any illness or operations...? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please state the nature of any such personal injury, illness or operations with dates.     |                              |                             |
|  |                              |                             |
|  |                              |                             |

Do you suffer from any of the following...?

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Impaired vision / Visual defects                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Impaired hearing   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Impaired speech  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on movement of head or neck                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on movement of spine                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on movement of pelvis                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on movement of one or both wrists              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on movement of one or both elbows              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on movement of one or both knees               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on movement of one or both ankles              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on ability to carry weights up to 20kgs        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restriction on ability to walk over rough or uneven ground | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you suffer from any restricted movement on any part of your body...? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please indicate what parts                                      |                              |                             |
|   |                              |                             |
|   |                              |                             |



# Casual Bus Driver – Job Application

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Have you ever suffered any injury to any of the following parts of your body...?

|            |                              |                             |        |                              |                             |
|------------|------------------------------|-----------------------------|--------|------------------------------|-----------------------------|
| Eyes       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ears   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neck       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Spine  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lower Back | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pelvis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arms       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Legs   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Knees      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Elbows | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wrists     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ankles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hands      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Feet   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above, please provide details.

|  |
|--|
|  |
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Is there any possibility any ailments, as indicated above may affect your capacity to carry out your employment as a casual bus driver with Buslink safely and efficiently...?

|  |
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## 7. Wellness & Health Safety

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you aware of any reason, medical or otherwise, why you may not be able to completely perform the duties safely of a bus driver...? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide details.  |                              |                             |
|  |                              |                             |
|  |                              |                             |
|  |                              |                             |

Have you ever made a claim for worker’s compensation benefits? If yes, please provide details below.

|                      |     |                      |     |
|----------------------|-----|----------------------|-----|
| Date                 | / / | Date                 | / / |
| Nature of the injury |     | Nature of the injury |     |
| Insurer              |     | Insurer              |     |





## 8. Questionnaire – Northern Territory

Please answer all questions

|  |
|--|
| 1. What would you do at a stop sign...?  |
|  |
| 2. School zones in the Northern Territory are speed restricted to what speed...? |
|  |
| 3. Is it ok to exceed the speed limit when overtaking...?                        |
|  |
| 4. Do you need to have your driver's licence on you while driving...?            |
|  |
| 5. How would you work out safe following distance in good driving conditions...? |
|  |
| 6. What must you do to indicate you are about to exit a roundabout...?           |
|  |
| 7. What would you do if you are involved in an accident...?                      |
|  |
| 8. Is it compulsory to report accidents to the police...?                        |
|  |
| 9. What would you do if you see a road works ahead sign...?                      |
|  |
| 10. Buslink has a Purpose, do you know what it is...?                            |
|  |
| 11. Is it compulsory to wear seat belts...?                                      |
|  |
| 12. What is the speed limit (unless sign posted) in built up areas...?           |
|  |
| 13. What is the required BAC while driving a commercial passenger bus...?        |
|  |



## 9. Supporting Statement

Please outline why you are suitable for the position as a Commercial Passenger Bus Driver

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|  |
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|  |

How did you hear about this vacancy...?

|  |
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## 10. Declaration by Applicant

I Hereby Declare,

- a) That the answers to the above questions are to the best of my knowledge, true and correct.
- b) I fully understand that I must register a zero drug and blood alcohol level at all times during working hours or at any time whilst in charge of company vehicles or equipment.
- c) That I agree and understand the employer will conduct drug and alcohol tests periodically.
- d) That I agree and understand that the employer may investigate the applicants background to determine the accuracy and completeness of this information and the applicant releases the employer and persons named herein from all liability or damage on account of his / her furnishing such information
- e) That I agree to undergo any medical examination (at the expense of the employer) as may be requested by the employer, whether before or after employment has commenced.
- f) That I agree and understand that this application for employment in no way obligates the employer to employ the applicant.
- g) That if the above application for employment is accepted, I will be bound by and will at all times observe and respect such terms and conditions of employment and such policies and procedures as may from time to time be specified or stipulated by the employer.
- h) I fully understand that if my answers to any of the questions above do not disclose a physical or mental condition from which I have previously suffered will be unable to claim worker’s compensation through Buslink.

|                      |  |      |  |
|----------------------|--|------|--|
| Applicants Signature |  | Date |  |
|----------------------|--|------|--|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Did you complete the Bus Driver Job Application yourself | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Privacy Statement: All information provided is treated in confidence as per the workplace privacy act 1988. Information provided will form part of your employee data if successful. All unsuccessful applications will be destroyed.