

APPLICATION FOR EMPLOYMENT

Position Applying For: _____

Photo

Date of Application: _____

Have you applied before: _____ Approx. when: _____ Position: _____

This applicaton must be accompanied by your Resume and School/TAFE Reports

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SURNAME: GIVEN NAMES:

ADDRESS: SUBURB: P/CODE

TELEPHONE NO.: MOBILE NO:

DATE OF BIRTH: AGE: NATIONALITY:

DRIVER'S LICENSE NO.: CLASS:

NEXT OF KIN DETAILS (In case of emergency)

Surname: _____ Given Names: _____ Relation: _____

Address: _____ Postcode: _____

Contact: (H): _____ (W): _____

HEALTH

Do you suffer from any ailment or disability that may;

- Affect your work performance? Yes No
- Affect your work attendance? Yes No

Do you take and medication regularly? If so, what for? _____

(This information is required to ensure there are no safety or danger issues to any or all employees, all answers remain confidential.)

Have you ever been a subject of a Workers' Compensation Claim?

If yes, give details and dates of injury/injuries below Yes No

Is your eyesight Excellent Good Poor

Do you require glasses or contact lens? Yes No

Are you colour blind? Yes No

Is your hearing Excellent Good Poor

Do you have any physical impediments or injuries that restrict you carrying out normal manual labour requirements, lifting etc, for this classification of employment? Yes No

Please tick appropriate boxes if applicable, as you may be eligible for special assistance:

Aboriginal Any disabilities Long term unemployed - Last 6 months

Born Overseas Sole supporting parent Registered with Centrelink

EMPLOYMENT HISTORY/EXPERIENCE (Detail present or latest position first)

Are you currently employed? Yes No

Business Name	Contact Person	Phone	Dates From/To

If previously employed as an Apprentice or Trainee please advise details:

Employer: _____

Commencement Date: _____ Suspension/Termination Date? _____

Total Service: _____ Years _____ Months

PREVIOUS QUALIFICATIONS

Do you have any Certificate 2 and/ or above qualifications? Yes No

If yes, please detail your qualification below.

TERTIARY OR OTHER PREVOCATIONAL TRAINING:

Institution: _____ Qualification: _____ Year: _____

Please attach copies of your final year of schooling results.

SECONDARY SCHOOL EDUCATION:

Completed Year: 10 11 12 (please circle) Year: _____

School attended: _____

Please attach copies of your final year of school results

Are you agreeable to a police record check if required by the host employer? Yes No

Are you agreeable to drug and alcohol tests if required by the host employer? Yes No

I understand that due to the nature of this industry I may be required to work additional hours, as workloads demand.

I hereby apply for the aforementioned position and am fully aware that if the information provided is false or misleading, my service may be terminated especially in respect to my medical history and fitness.

Applicants Signature: _____ Date: _____