



## APPLICATION FOR EMPLOYMENT

Please note: It is not compulsory for the applicant to complete every one of the details sought in this form. All details provided by the applicant on this form are provided voluntarily and the applicant agrees that he/she has not been induced or offered any incentive by any person to supply any of the details provided. We are an equal opportunity employer. It is our policy to abide by all Federal, State and Local laws concerning discrimination. No question is intended to elicit information in violation of any such law, nor will any information be used contrary to this.

### PERSONAL DETAILS

Date:

|             |               |               |
|-------------|---------------|---------------|
| Last Name:  | First Name:   | Middle Names: |
| Address:    |               |               |
| Home Phone: | Mobile Phone: | Gender:       |

### GENERAL DETAILS

|  |        |        |         |
|--|--------|--------|---------|
| Drivers Licence No.:   | Class: | State: | Expiry: |
| Have you ever been arrested or convicted of a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details of offence |        |        |         |

### EDUCATION & TRAINING

|  |                     |                  |
|--|---------------------|------------------|
| Last school attended:  | Year of attendance: | Grade completed: |
| Have you completed any further courses or training including an apprenticeship or traineeship? <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                     |                  |
| If yes, please give details (certificate/s of attainment, trade qualification certification, type of trade / traineeship Including where you served or studied and year of completion. |                     |                  |
|  |                     |                  |
|  |                     |                  |

### HEALTH

 Note: If you suffer from anything that could effect your ability to carry out your duties, you must advise in this section.

|   |
|---|
| What is your general health condition?  |
| Do you have any pre-existing or on-going injuries, health or physical or psychological conditions or, ailments including neck muscular strain, hernia, sight or hearing deficiencies or have you previously suffered from any of these?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: |
|   |
| Have you ever claimed work cover/compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, give details: (date, type of injury, employer, period of disablement, was lump sum paid etc.)   |
|   |
|   |



**WORK HISTORY & EXPERIENCE** Please list present & former employers for last 5 years, beginning with most recent.

| Company, phone number & location of employer | Supervisor or Managers name | Your work/job description | Date started | Date finished | Reason for leaving |
|--|-----------------------------|---------------------------|--------------|---------------|--------------------|
|  |                             |                           |              |               |                    |
|  |                             |                           |              |               |                    |
|  |                             |                           |              |               |                    |

**REFEREES** Please provide the details of 3 referees.

| Name | Address | Telephone Number |
|------|---------|------------------|
|      |         |                  |
|      |         |                  |
|      |         |                  |

**APPLICANTS CERTIFICATION** Please read carefully before signing

I hereby certify that:

- To the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge.
- If employed, I understand and agree that such employment is subject to a three-month probationary period and may be terminated at any time, without prior notice. Should employment be terminated by either party during this period of probation it is understood and acknowledged by me that this releases the employer from any further financial payment/s for the remainder of the probationary period and that I will not pursue any matters, issues or claims relating to my employment with the company.
- My employment will not be governed by any expressed or implied contract but is at will.
- I agree to abide by all rules, regulations, performance standards, systems, procedures and policies put forth by the company, contained in rule books or handbooks supplied by the company and amended from time to time.
- I give permission for the company to obtain medical, health, injury and other records including a federal police report, claims history, relating to myself, from Doctor's or other personnel. State work cover / worker's compensation authorities or designated agents/insurers.
- I have had any queries clarified to my satisfaction and understood all areas of this application form and agree to abide by all contained herein.

|                        |       |
|------------------------|-------|
| Applicant's signature: | Date: |
|------------------------|-------|

**Do not write below – Company use only**

|                          |                           |                              |                             |
|--------------------------|---------------------------|------------------------------|-----------------------------|
| Date received:           | Acceptable for employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Results of application:  |                           |                              |                             |
| Starting Date:           |                           |                              |                             |
| Application approved by: | Signature:                | Date:                        |                             |