

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

This form seeks to gather information relevant to your application for employment. Applications may also be requested to provide additional information and to attend a medical examination as part of the pre-employment process.

The pre-employment medical assessment is part of our overall recruitment and selection procedures and will be considered in conjunction with this written application, job interview, previous employment and referee checks. You may be requested to attend another interview before any employment offer is made.

It is our policy to employ the best qualified personnel and provide equal opportunity in employment, promotion and training.

Please complete all sections of this application in your own handwriting and attach a copy of any resume or additional information you believe relevant to your application.

Application forms will only be held on file for a 12-month period.

Thank you for filling in this application form

1.POSITION APPLIED FOR:

Position applied for: _____

I am available to work: Full-time Part-time Casual

I am available to work the following days:

Sun Mon Tues Wed Thurs Fri Sat

I am prepared to work in another area or position within the company if required. Yes: No:

I am available to start: / /

2.PERSONAL DETAILS:

Surname _____ Given Names _____

Address _____

_____ Post Code _____

Telephone Number (H): _____ (M) _____

Age: _____ (optional) Date of Birth: _____ (optional)

Do you need a work permit to work in Australia? Yes: No:

Do you fluently read, write, speak and understand English? Yes: No:

Is English your first language? Yes: No:

Do you have reliable transport? Yes: No:

Are you in good health? Yes: No:

Are you willing to undergo a medical examination? Yes: No:

Are you prepared to work overtime if required? Yes: No:

3.LICENCES AND PERMITS

Current Vehicle Licence Yes No Licence Number.
Class:

4.LICENCES – HEAVY EQUIPMENT

Do you hold a certificate of Competency for operation of machinery? Yes: No:

If yes please supply details and copies of certificates.

<u>Machine</u>	<u>Certificate Number</u>	<u>State</u>

5.GENERAL

Are you aware of an employee’s obligation under the Occupational Health and Safety Legislation?
Yes No

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