



# **EMPLOYMENT APPLICATION FORM**

## **IMPORTANT NOTICE**

All sections of this employment application form are to be completed if your application is to be considered. Where not applicable, please write N/A.

Photocopies of documents supporting this employment application form are required.

For example, Trade papers, Certificates / Licences Held, Superannuation Card, Long Service Leave Card and Industry Inductions.

## **PERSONAL DETAILS**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

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

Preferred Contact Telephone No: \_\_\_\_\_ (Mobile) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

For contact in case of Emergency (Name): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever changed your name by deed poll or other? YES / NO

If yes, please provide details \_\_\_\_\_

## **HEALTH**

Do you have any disability, which could impact on job safety, attendance or work performance?

YES / NO

If yes, please describe \_\_\_\_\_

Are you required to take regular medication, which may affect job safety, attendance or work performance?

YES / NO

If yes, please describe \_\_\_\_\_

You may be required to work at heights; do you suffer from dizziness when working at heights? YES / NO

Are you able to work in confined spaces? YES / NO

Do you participate in any sport? YES / NO

If yes, please describe which sports \_\_\_\_\_  
\_\_\_\_\_



**QUALIFICATIONS**

Please specify the relevant Qualifications /Licences and Tickets that you currently have including date obtained

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**EMPLOYMENT HISTORY**

Please cover **the last five years** of present and past employment. Month and year required.

1. Period of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

Still employed: Yes / No

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2. Period of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

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Period of Employment: From / / to / /

Employer's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Period of Employment: From / / to / /

Have you previously worked for this Company? YES / NO

If yes, please specify the period from: \_\_\_\_\_ To: \_\_\_\_\_

Are you a member of any Union? YES / NO Is your membership current? YES / NO

Union Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Superannuation Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Long Service Leave No: (if applicable) \_\_\_\_\_ Redundancy Fund No: \_\_\_\_\_

**WORKERS COMPENSATION**

**Section 79 of the Workers Compensation and Rehabilitation Act 1981 states:**

*“Where it is proved that the worker has, at the time of seeking or entering employment in respect of which they claim compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable.”*

**NOTE:**

**Answering the following questions will not in any way diminish your opportunity of employment.**

Have you ever submitted a Workers' Compensation claim, or any disability claim whatsoever? YES / NO

Do you have any pending Workers' Compensation claim, or any disability claim whatsoever? YES / NO

If yes to either of the above questions, please specify details of claims made in the last five (5) years:

| Approximate Date | Name of Employer | Nature of Claim | Duration |
|------------------|------------------|-----------------|----------|
| ____/____/____   | _____            | _____           | _____    |

| Approximate Date | Name of Employer | Nature of Claim | Duration |
|------------------|------------------|-----------------|----------|
| _____            | _____            | _____           | _____    |



|                  |                  |                 |          |
|------------------|------------------|-----------------|----------|
| ____/____/____   | _____            | _____           | _____    |
| Approximate Date | Name of Employer | Nature of Claim | Duration |
| ____/____/____   | _____            | _____           | _____    |

**ADDITIONAL INFORMATION**

Have you been involved and/or have any action pending in misconduct, criminal activity, reprimand or misrepresentations YES/NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

(A criminal record does NOT automatically disqualify an applicant. If it is considered your criminal record is relevant to the job you will be given an opportunity to discuss the matter fully before a final decision is made)

Do you have a current Police Clearance? YES/NO

If yes, Date of Issue: \_\_\_\_\_  
(Please attach a copy)

**DECLARATION OF APPLICANT**

- a) I agree to abide by Safety Rules and Regulations, which may apply.
- b) I declare that information supplied by me in completing this application is true and correct and that any false information will render the application null and void or result in termination of employment.
- c) I agree to allow and authorise the company to comprehensively check my Workers Compensation history.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please note this application for employment is accepted without prejudice and should not be considered as an offer of employment. This application is valid for 30 days.

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

