

Application Form

Part A: Applicant Details				
Surname		Given Name		
Address				
Suburb	State	Post Code		
Mobile Phone		Home Phone		
Email			Gender	
Date of birth		No. of dependents		
Part B: Availability to work				
Please tick (✓) which days and times you are available so that we can match this to our site needs. Please note times listed are approximate and will vary from job to job.				
	Early Morning i.e. before 6am	Day i.e. 8am – 4pm	Afternoon i.e. after 4pm	Late Night i.e. after 9pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part C: Previous Employment				
Employer name	Dates from/to	Nature of work	Reason for leaving	
Part D: References				
Do you agree to have references contacted in relation to this application? (tick one) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name	Contact number	Position held/ working relationship (for example, Supervisor)		

Part F: Health Assessment			
What is your present state of health?			
Are you having any medical treatment/ taking any prescribed medication? please describe			
Have you suffered any previous injuries that could affect your work? Please describe.			
Nature of injury/disease	Date from	Date to	Was it work related?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you now, or have you ever suffered from any of the following? (tick (✓) only those which apply)			
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
Back pain	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	Fracture	<input type="checkbox"/>
Mental/ nervous disorder	<input type="checkbox"/>	Joint trouble	<input type="checkbox"/>
		Fits or seizures	<input type="checkbox"/>
		Neck trouble	<input type="checkbox"/>
		Other	<input type="checkbox"/>
If yes, give details.			
Do you suffer any disability or impairment of function in your? (tick (✓) only those which apply)			
Arms	<input type="checkbox"/>	Feet	<input type="checkbox"/>
Fingers	<input type="checkbox"/>	Eyesight	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	Back	<input type="checkbox"/>
		Hands	<input type="checkbox"/>
		Legs	<input type="checkbox"/>
		Other	<input type="checkbox"/>
If yes, give details.			
Detail any other health issues.			
Detail any previous Workers Compensation Claim.			
Will you agree to undergo a pre-employment health assessment specific for the requirements of the position as a part of the selection process?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part F: Other information	
What is your method of transport?	<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/> Other
Do you hold a driver's license?	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Do you have a current Working with Children and Vulnerable People Card?	<input type="checkbox"/> Volunteer card <input type="checkbox"/> Employment card <input type="checkbox"/> None
Do you have a White Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give consent to undertake a National Criminal History Check and Workers Compensation History Check? (tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current National Criminal History Check (less than 6 months old)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any convictions recorded? Provide details.	
Part G: Legally entitled to work in Australia	
Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, evidence provided:	<input type="checkbox"/> Australian Birth Certificate <input type="checkbox"/> Australian Citizenship Certificate <input type="checkbox"/> Australian Passport <input type="checkbox"/> Certificate of evidence of residency status
If No, do you have a valid visa with the right to work in Australia? (Please provide a copy to your interviewer)	<input type="checkbox"/> Yes <input type="checkbox"/> No Visa Expiry Date:
Part H: Declaration	
<p>I declare that the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may be sufficient grounds for rejection of my application and / or termination of employment. I understand that this application does not constitute an offer of employment. I understand that police check and workers compensation check will be required.</p> <p>I hereby authorized any of my former employers to furnish their records of my employment.</p>	
Signed	Date
	