



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.

Will you be submitting any written References along with this application? YES / NO
If yes, please attach copies of References.

Position applied for _____

PERSONAL DETAILS

Surname: _____

Given Names: _____

Address: _____

Preferred Contact Telephone No.: _____ (Mobile) _____

Date of Birth: _____

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 pre-existing medical conditions/injuries that would prevent you from undertaking T/C duties? YES / NO

If "YES", please circle from the list below:

Medical Conditions: Heart Condition Diabetes Epilepsy Skin Cancer Other: _____

Injuries: Back Shoulder Arm Legs Feet Other limbs or muscles: _____

Are you able to stand for long periods of time? YES / NO

Are you capable of lifting signs up to 5kg? YES / NO

Will you have any problems lifting this weight consecutively (5kg)? YES / NO

Are you required to take regular medication, which may affect job safety, attendance or work performance? YES / NO

If yes, please describe _____

Do you participate in any sport?

If yes, please describe which sports _____



EMPLOYMENT APPLICATION FORM

EDUCATION AND QUALIFICATIONS

(A) SECONDARY:

School

Level Attained

Year

(B) TERTIARY (TECHNICAL COLLEGE OR UNIVERSITY):

Institution

Qualification (If Completed)

Year

Other Qualifications _____

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: _____

2. Period of Employment: From ____ / ____ / ____ to ____ / ____ / ____

Employer's Name: _____

Address: _____

Position held: _____ Telephone No: _____

Supervisor's Name: _____

Summary of Duties: _____

3. Period of Employment: From ____ / ____ / ____ to ____ / ____ / ____

Employer's Name: _____

Address: _____

Position held: _____ Telephone No: _____

Supervisor's Name: _____

Summary of Duties: _____



EMPLOYMENT APPLICATION FORM

WORKERS COMPENSATION

Section 680 of the *Workers' Compensation and Rehabilitation Act 2003* (Qld) 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, pre-existing injury or medical condition, willfully and falsely represented themselves as not having previously suffered from, 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
___ / ___ / ___	_____	_____	_____

DRIVING HISTORY

Do you have a current Drivers' Licence? YES / NO

Please provide:

Licence Number _____ State of Issue _____

Expiry Date _____ Type (please circle) MANUAL / AUTOMATIC

Have you held an Open/Provisional drivers' licence for at least one year continuously in the last five years? YES/NO

Have you ever been convicted of any driving related offences? Eg: Suspended Licence, Demerit points? YES/NO

If yes, please provide details: _____

CRIMINAL HISTORY

Have you ever been convicted of ANY criminal offence or had an action recorded against you in a civil jurisdiction? YES/NO

If yes, please provide details: _____

Are there any matters currently pending in relation to a criminal or civil action? YES/NO

If yes, please provide details: _____



EMPLOYMENT APPLICATION FORM

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 authorize the company to comprehensively check my Workers Compensation history.
- (D) I understand that part of the application procedure involves a pre-employment medical examination by a medical officer nominated by the Company and I authorize disclosure of the results of this examination to the company.

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: _____