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| **JOB DETAILS:** (Please print clearly all information) | | | |
| Job Applied for: |  | Date: |  |

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| **PERSONAL DETAILS: (Please print clearly all information)** | | | | | | | | | | | | | | | |
| If your application is successful when are you available to start? | | | | | | | | | | |  | | | | |
| Last name: |  | | | | | First names: | | |  | | | | | | |
| Title: | Mr / Mrs / Miss / Ms / Other | | | | | Date of Birth: | | | / / | | | | | | |
| Address: |  | | | | | | | | | | | | | | |
| Suburb: |  | | | | | | | State: |  | | | | P/code: | |  |
| Postal Address (if different): | | | |  | | | | | | | | | | | |
| Phone: | (Home): | | |  | | | | (Mobile): | |  | | | | | |
| Email Address: | |  | | | | | | | | | | | | | |
| Drivers Licence No: | |  | | | MANUAL  AUTO | | | | | | | Expiry Date: | |  | |
| Are there any special conditions on your licence | | | | | | | Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No | | | | | | | | |
| High Risk Work Licence: | | |  | | | | | | | | | Expiry Date: | |  | |

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| **LEGAL WORK STATUS** | | |
| Are you legally entitled to work in Australia? | | Yes  No |
| If you are not a permanent resident of Australia do you have a current work permit? | | Yes (please attach copy) No |
| Expiry date of work permit: |  | |

| **FITNESS FOR WORK** | | |
| --- | --- | --- |
| Do you have any health problems or known medical conditions which may affect your ability to effectively carry out the functions and responsibilities of this job?  *(This includes any past injuries that may affect your employment if they recurred.)* | | Yes  No |
| If yes, please give details of nature of injury or illness: | | |
|  | | |
|  | | |
| Date of Accident(s) /Injury/ Illness: |  | |
| Have you ever made a claim for personal injury for Worker’s Compensation | | Yes  No |
| If yes, please give details of nature of injury or illness: | | |
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| Have you ever experienced or do now experience: | | |
| Pain/discomfort or restricted mobility of the neck, back, upper limbs, lower limbs; | | Yes  No |
| Problems with eyes/vision; | | Yes  No |
| Frequent/severe headaches/migraines; or | | Yes  No |
| Are there any other aspects of your health you feel should be revealed to ensure your health and safety at work? For example; Allergic to bees, hearing impairment. | | Yes  No |
| If yes, please give details: | | |
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| **CURRENT LICENCES (Drivers, High Risk, White card, Forklift, First Aid)** | | |
| Licence Number | Licence Type  (Codes as applicable) | Expiry Date |
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| **WORK EXPERIENCE** | | | |
| Attach your resume or list all jobs held, starting with the most recent employer. Continue on a separate sheet if necessary. | | | |
| LAST OR CURRENT EMPLOYER | | | |
| Company Name: |  | | |
| Address: |  | | |
| Position held: |  | | |
| From (Date): |  | To (Date): |  |
| Manager/ Supervisor’s name: |  | | |
| Reason for leaving: |  | | |
|  | | |
|  | | | |
| PREVIOUS EMPLOYER (If you have held more than one position over last five years) | | | |
| Company Name: |  | | |
| Address: |  | | |
| Position held: |  | | |
| From (Date): |  | To (Date): |  |
| Manager/ Supervisor’s name: |  | | |
| Reason for leaving: |  | | |
|  | | |
|  | | | |
| PREVIOUS EMPLOYER (If you have held more than one position over last five years) | | | |
| Company Name: |  | | |
| Address: |  | | |
| Position held: |  | | |
| From (Date): |  | To (Date): |  |
| Manager/ Supervisor’s name: |  | | |
| Reason for leaving: |  | | |
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| **COURT CONVICTIONS** | |
| Have you been convicted of a criminal offence or had legal proceedings made against you in the last 5 years? | Yes  No |
| **If yes, please give details:** | |
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| Are you currently waiting for the hearing of any court charges? | Yes  No |
| **If yes, please give details:** | |
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| **APPLICANT CONSENT** | | | |
| I consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my current and previous employers and I authorise the information sought to be released by them for ascertaining my suitability for the job applied for: | | | Yes  No |
| Signature: |  | Date: |  |

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| **APPLICANT DECLARATION** | | | |
| I…………………………………………… (print full name) declare that the information contained in this application and any supporting information is accurate, complete and correct. I accept that should my application be successful, this information will form part of my employment agreement and falsification or withholding of information may be grounds for dismissal. | | | |
| Signature: |  | Date: |  |
| *Should your application for employment with the Company be accepted, you will be required to supply your personal bank account number, Tax File number and emergency contact details.* | | | |

On acceptance of employment, please supply the following information:

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| Tax File Number: |  |

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| Emergency Contact | | | | |
| Name: | |  | | |
| Phone: | (Home): |  | (Mobile): |  |

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| Bank Account Details | | | | |
| Account Name: | |  | | |
| BSB: |  | | Account: |  |

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| Super Fund: |  |
| Member Number: |  |

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| QLeave Member Number |  |