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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** |
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| 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: |
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| 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: |  |
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| 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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| 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 |  |