

APPLICATION FOR EMPLOYMENT

General Instructions:

1. This form must be completed in the applicant's handwriting.
2. Acceptance of this application does not imply eventual employment.
3. Applicants should submit their resume with this application if available.
4. Employment cannot commence until all relevant documents have been received.

SURNAME: (BLOCK LETTERS)		GIVEN NAMES:	
Place of residence:		Contact number:	
Do you have a legal right to work in Australia?	Yes	No	
Are you fully vaccinated against COVID-19? *	Yes	No	
<i>People of Indigenous or other cultural backgrounds are encouraged to apply.</i>			
Are you of indigenous, Torres Strait Islander or other cultural heritage?	Yes	No	
If yes, please state what cultural heritage you identify as:			
Education Standard Reached / Other Qualifications – Tick			
Year 10	Tertiary		
Year 11	Trade		
Year 12	Other		

** Please attach copy of your COVID-19 Digital Certificate or Immunisation History*

PREVIOUS EMPLOYMENT HISTORY

Past 5 years only or last 4 employers

Employers Name	Ph No.	Period		Position	Reason for Leaving
		From	To		

ALL QUESTIONS MUST BE ANSWERED
(This information is Confidential)

MEDICAL HISTORY

Do you have any disability which may prevent you from adequately performing any work which the company may require you to perform? Yes No *(please circle)*

If Yes, Give Details:

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Do you suffer from any of the following complaints? *(please circle answer)*

Defective Hearing	Yes / No	Tuberculosis T/B	Yes / No
Defective Vision	Yes / No	Mental or Nervous Disorder	Yes / No
Giddiness, Blackouts, Fits of any kind	Yes / No	Shortness of breath or chest pains on exertion	Yes / No
Back / Neck Ailments	Yes / No		

Have you required consultation or medication for drug addiction or alcoholism? Yes / No

Do you have any pre-existing injuries or diseases that might be affected by the nature of the proposed employment? Yes / No

If yes, provide details of pre-existing injury or disease:

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Have you suffered any other illness or injury?

Have you undergone any surgical operations?.....

Have you consulted a doctor during the last 5 years regarding any complaints or disabilities? Yes / No

Period of absence in last 2 years..... *Days/Months*

If so, why?

What medication or prescription drugs do you regularly take, and are there any side effects that might impact on your ability to perform any work this company may expect of you?

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I agree to train for and perform such other duties as I may be directed to perform.

I certify that the statements made by me in this application are true and correct. I understand and agree that a false statement may disqualify me from employment or result in dismissal. I have read and understand the job description as supplied. I have been made aware that any failure to disclose or giving of false information will render me ineligible for compensation for any recurrence aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease under Section 82 of "Accident Compensation Act 1985".

Employment will be for a probationary period of 6 months initially.

Signature of Applicant

Date.....