

Please note - School hours are not available

Please complete ALL sections below, incomplete sections may result in an invalid application

PART 1

APPLICANT INFORMATION

Name:

FIRST NAME

LAST NAME

Address:

STREET

SUBURB

POSTCODE

STATE

Phone:

HOME

MOBILE

Email:

Date of Birth:

Marital Status:

PART 2

PRE-EMPLOYMENT HEALTH ASSESSMENT

Do you have any impairment, medical condition and/or special needs that may need to be addressed or that would affect your ability to safely and competently perform the duties of the position you have applied for?

Yes

No

If Yes, please
give details:

Will you agree to undergo a pre-employment health assessment specific for the requirements of the position as a part of the selection process?

Yes

No

THE PHYSICAL IS PERFORMED BY PHYSIOMATTERS AT A COST TO YOU OR YOUR APPLICABLE EMPLOYMENT AGENCY, OF \$180 + GST.

This is a tax deduction so please keep your receipt.

PART 3

LEGALLY ENTITLED TO WORK IN AUSTRALIA

Are you a permanent resident of Australia?

Yes

No

If Yes,
evidence
provided:

Australian Birth Certificate (before 20th Aug 1996)

Australian Citizenship Certificate

Australian Passport

Certificate of evidence of residency statuses

If No, do you have
a valid visa with
the right to work
in Australia?

Yes

No

Visa Expiry Date:

If you do have a Visa please provide a copy to your interviewer.

PART 4

**SECURITY
CLEARANCE,
CRIMINAL
RECORDS CHECK,
DRIVERS LICENCE**

Some roles require testing for security and safety purposes either prior to commencing employment or during employment.

Are you prepared to undertake a:

Security, Criminal Records Check? Yes No

Some roles are required to have current driver's licence and other necessary licenses to perform the role.

Do you have a current Australian drivers licence? Yes No

Drivers Licence Number:

Have you been convicted of a felony? Yes No

If Yes, please give details:

Are you currently claiming, or have you previously had any record of Worker's Compensation Claims or work related injuries or illness? Yes No

If Yes, please give details:

Please indicate what kind of employment you are interested in:

Full Time Part Time Casual Any

Please indicate the position you wish to apply for:

Production Worker Maintenance Cleaning

PART 5

REFERENCES

Please list 2 professional references:

Name:

FIRST NAME

LAST NAME

Address:

Phone:

HOME/WORK

MOBILE

Company:

Relationship:

Name:

FIRST NAME

LAST NAME

Address:

Phone:

HOME/WORK

MOBILE

Company:

Relationship:

PART 6
EMPLOYMENT HISTORY

Education Level Achieved:

PREVIOUS EMPLOYMENT HISTORY

Company:

Address:

Phone:

Position Held:

Dates Employed:

to

Reason for leaving:

Responsibilities:

May we contact your previous supervisor for a reference?

Yes

No

Company:

Address:

Phone:

Position Held:

Dates Employed:

to

Reason for leaving:

Responsibilities:

May we contact your previous supervisor for a reference?

Yes

No

Company:

Address:

Phone:

Position Held:

Dates Employed:

to

Reason for leaving:

Responsibilities:

May we contact your previous supervisor for a reference?

Yes

No

PART 7

**PRE-EMPLOYMENT
QUESTIONNAIRE**

Have you ever received treatment or medical advice for any of the following? Please answer below and provide details in the space provided. If further space is required, please attach an additional page and/or supporting documentation.

Do you or have you experienced any of the following:

Back strain or injury or prolapsed disc or sciatica? Yes No

If Yes, please give details:

Neck pain or injury? Yes No

If Yes, please give details:

Knee or ankle injury or operations to leg bones or joints? Yes No

If Yes, please give details:

Wrist, shoulder or elbow injury or operations to the bones or joints in your arms? Yes No

If Yes, please give details:

Arthritis or carpal tunnel syndrome? Yes No

If Yes, please give details:

RSI, Occupational Overuse Syndrome, Tennis Elbow or tenosynovitis? Yes No

If Yes, please give details:

Have you ever broken any bones? Yes No

If Yes, please give details:

Have you ever experienced aches and pains in your muscles? Yes No

If Yes, please give details:

High blood pressure? Yes No

If Yes, please give details:

Any heart problems, disorder or disease? Yes No

If Yes, please give details:

Hernia or operation to repair a hernia? Yes No

If Yes, please give details:

Fits, epilepsy, "funny turns", fainting or blackouts? Yes No

If Yes, please give details:

PART 7

**PRE-EMPLOYMENT
QUESTIONNAIRE**

continued...

Frequent headaches or migraines? **Yes** **No**
If Yes, please give details:

Have you had any operations? **Yes** **No**
If Yes, please give details:

Is there any reason why you cannot wear personal safety equipment? (i.e. gloves, safety boots, safety glasses, hard hat) **Yes** **No**
If Yes, please give details:

Are you pregnant? **Yes** **No**
If Yes, please give details:

Colour vision difficulties? **Yes** **No**
If Yes, please give details:

Do you currently take any medication? **Yes** **No**
If Yes, please give details & list medications you are currently taking:

Have you had time off work in the last year due to injury or illness? **Yes** **No**
If Yes, please give details:

Has a Medical Practitioner placed you under any current physical restrictions? **Yes** **No**
If Yes, please give details:

Do you have difficulties with the following activities?

Running 100 metres? **Yes** **No**

Walking on rough ground? **Yes** **No**

Kneeling/crouching? **Yes** **No**

Standing for 2 hours? **Yes** **No**

Turning your head rapidly? **Yes** **No**

Concentrating? **Yes** **No**

Balance or co-ordination? **Yes** **No**

PART 7

**PRE-EMPLOYMENT
QUESTIONNAIRE**
continued...

Do you have difficulties with the following activities?

<i>Climbing a ladder?</i>	<i>Yes</i>	<i>No</i>
<i>Sitting for 2 hours?</i>	<i>Yes</i>	<i>No</i>
<i>Lifting or bending?</i>	<i>Yes</i>	<i>No</i>
<i>Gripping firmly with both hands?</i>	<i>Yes</i>	<i>No</i>
<i>Reading ordinary print?</i>	<i>Yes</i>	<i>No</i>
<i>Repetitive movements of arms/hands?</i>	<i>Yes</i>	<i>No</i>
<i>Working in hot or cold environments?</i>	<i>Yes</i>	<i>No</i>

PART 8

DECLARATION

I understand that this form is an Application for Employment and its completion does not mean that I have been successful in the recruitment process, ie., it is no guarantee of employment. I certify that the information on this form is true and correct and I understand that the misrepresentation or omission of facts may be sufficient grounds for rejection of my application and / or termination of employment.

I understand that the information provided will be treated as strictly confidential.

Name:

Sign:

Date: