

APPLICATION FOR EMPLOYMENT

Position Sought:				
Personal Details:				
Surname:		First Names:		
Address:		Phone:		
		Post Code:		
Date of Birth:				
Health:		Do you currently or have you had any previous Back Problems?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Do you suffer from any ailment or disability or are you required to take regular medication which may:		
		- affect work performance		<input type="checkbox"/> Yes <input type="checkbox"/> No
		- affect your attendance at work		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever submitted a Workers Compensation Claim or any Disability Claim				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Specify:</i>				
Education/Qualifications (Certified copies of highest qualifications should be attached)				
	Institution	Standard Attained		Year
Tertiary:				
Certificates/Diplomas:				
Driving License:	State	Group (ie. A B C)	Expiry Date:	
Employment History				
(Detail Present or Last Position Held First)				
Employer	Position Held	From/To	Reason for Leaving	Verified by Manager
Brief list of experience:				
REFERENCES				
(Attach copies of written references if available)				
Specify details of persons prepared to give verbal reference:				
Name/Relationship:		Phone Number:		
		Address:		
Name/Relationship:		Phone Number:		
		Address:		
Name/Relationship:		Phone Number:		
		Address:		
Do you hold a current first aid certificate?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you hold a current Work, Health and Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current police clearance certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware/do you have any knowledge of any pre-existing medical condition or injury which might act as an impediment to your performance in this position sought either now or later in your employment?	
<input type="checkbox"/> Yes (if ticking yes, you may be required to undergo a pre medical) <input type="checkbox"/> No	
Do you agree to a pre medical appointment by a GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE BE AWARE OF SECTION 79 WORKERS COMPENSATION BOARD AND ASSISTANCE ACT 1981.	
79. Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, willfully and falsely represented himself/herself as not having previously suffered from the disability, the Board may in its discretion refuse to award compensation which otherwise would be payable.	
I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal.	
PLEASE return to the Coordinator	
APPLICANTS SIGNATURE:	DATE: