



APPLICATION FOR EMPLOYMENT

(please print in ink)

POSITION PREFERRED:..... DATE:.....

POSITION APPLIED FOR:..... FULL TIME, PART TIME, CASUAL

SURNAME..... GIVEN NAMES

ADDRESS

POST CODE..... DATE OF BIRTH..... PH.....

No. 1

EMERGENCY CONTACT..... RELATIONSHIP.....

ADDRESS..... PH.....

No. 2

EMERGENCY CONTACT..... RELATIONSHIP.....

ADDRESS..... PH.....

EDUCATION

School/College etc. attended	Level Attained	Year	Other Qualification Attained	Year
.....
.....
.....

OTHER REFEREES:

Name	Organisation	Position Held	Telephone No.
.....
.....

CURRENT LICENCES HELD: Copy Attached yes/no

Drivers licence No..... Expiry Date/...../.....

First Aid Cert. Licence No..... Expiry Date/...../.....

Forklift Licence No..... Expiry Date/...../.....

OH Crane Licence No..... Expiry Date/...../.....

Riggers Licence No..... Expiry Date/...../.....

Doggers Licence No..... Expiry Date/...../.....

Mobile Crane Licence No..... Expiry Date/...../.....

Are there any reasons why you would not be eligible to obtain a machine licence for workplace health and safety purposes? Yes or No (If YES please give details including whether you had a licence or permit or authorisation cancelled or refused).....

Are you aware of any health problems/reasons which would affect your capacity to competently perform the duties of the position applied for ? YES or NO (if YES please give details).....

I..... Declare that the above information is, to the best of my knowledge, true and correct. I agree to the company carrying out employment and character reference checking.

APPLICANT'S SIGNATURE..... DATE...../...../.....



**ALLTYPE
WELDING**
STEEL. CONSTRUCT. LIFT.

MANAGEMENT USE ONLY:-

Australian Citizenship or working visa checked:	YES / NO	Reference Checked	YES / NO
Licence's sighted and copied:	YES / NO	Reference checked by:.....	
Licence's verified with WH&SQ	YES / NO	Management Signature:.....	

COMMENTS FROM REFERENCE CHECK.....

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START DATE:.....FULL TIME/PART TIME/CASUAL

POSITION:..... PAY RATE.....