

## EMPLOYMENT APPLICATION FORM

**Please provide an email address:**

Date of Application	Bank Details BSB                      Account	Date of Birth
Position		Email

**PERSONAL DETAILS**

Last Name	First Name(s)	
TFN	Vehicle    Y/N	Superfund    Member No:
Home Phone	Mobile Phone	
Emergency contact & relationship to you	Ph	
Any allergies or medical conditions		
Current Address		
Length of time at current address		
Previous address		

**HISTORY**

Current or most recent Employer			
Position held and Length of time Employed (dates from / to)			
Contact person, Position and Contact details			
Do you agree for current employer to be contacted?	YES / NO / NA		
If you have held more than one position over the last five years, please list them in their chronological order from the most recent.			
List any licence's you currently have, both for vehicles and other? If so how many points do you have and in what state were they issued? Include riggers, forklift, EWP ticket numbers			
Are there any special conditions on your licences?			
What do you believe are your strengths and weaknesses that you will bring to this position?			
What areas would you like to improve?			
When was your last full medical check? What were the findings?			
Would you be prepared to undergo an extensive medical check?			
Do you have any injuries or disabilities that may be affected by your employment?			
From what date will you be able to start work?			
What type of employment do you seek?	Days only	Nights only	Weekends only

