



APPLICATION FOR EMPLOYMENT

Position Applied for:Date: / /

PERSONAL DETAILS *(Please circle where applicable)*

Surname: Given Names:

D.O.B.: Country of Birth: Sex: Male / Female

Current Address: P/Code:

Contact Number: (Home) Mobile:

Are you a permanent resident of Australia? Y / N

Are you a permanent resident of Broome – Darwin – Port Hedland (please circle)

If none of the above please specify your residence:

If not, what is your Visa status? (Working, Holiday etc.) And how long is it valid for?

Do you own/rent your own home? Y / N

Other Accommodation Arrangement:

EMERGENCY CONTACT:

Person to be notified: (relationship).....

Contact details: (work/home/mobile):

EDUCATION / QUALIFICATIONS: *(Please provide photocopies of all licenses and tickets)*

Place of Attendance	Year of Completion / Current Attendance	Degree, Trade, Certificate etc. Obtained?
High School		
TAFE / University		
OTHER – Education or Qualifications? (Business, Vocational, Workplace etc.)		

OTHER INFORMATION REQUIRED

Do you belong to a Union? Y / N If yes, please give the name of the Union:.....



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Would you have a problem working away? Y / N

Would you have a problem working at night? Y / N

Would you have problem working shifts or weekends? Y / N

Have you ever been convicted of a criminal offence? (E.g. drugs, theft, fraud)
Y / N

If yes, please give details:

EMPLOYMENT HISTORY

Please start with your most recent employer and provide at least the last 5 years of employment history.

Employment Dates	Company Name	Position Held	Contact Name & Number	Reason for Leaving

HEALTH *(Please circle where applicable)*

How do you rate you health? Excellent / Fair / Good

Do you wear glasses/contact lenses? Y / N

Do you wear a hearing aid / have trouble hearing? Y / N

Do you drink alcohol? Y / N If yes, how many drinks per week?

Do you smoke? Y / N If yes, how many cigarettes per day?

Are you currently taking any prescribed or un-prescribed medication? Y / N

Would you be prepared to undergo a Medical and Drug and Alcohol test? Y / N

DRIVING AND OTHER RECORDS *(Please circle where applicable)*

Do you have your own transport? Y / N



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Do you hold a current drivers license? Y / N

License Details: Class Number Expiry Date State

Have you ever had your licence cancelled or endorsed? Y / N

If yes give details:

Would you willingly give us authority to obtain a copy of your license history? Y/ N

WORKERS COMPENSATION *(Please circle where applicable)*

Have you ever claimed workers compensation payments from a previous / current employer?

Y / N

If yes, please give details:

DECLARATION

I certify that the information contained in this application is true and complete, to the best of my knowledge, and understand that any false information on this application may be grounds for not hiring me. (Please note, this application form can be used as a legal document)

DATE:/..... /.....

SIGNATURE: