

AMA

PRECAST

APPLICATION FOR EMPLOYMENT FORM

To be completed by the applicant.

The information supplied in this document and in your application will be treated in the strictest of confidence. Please note, incomplete forms cannot be processed.

SECTION 1 – PERSONAL DETAILS

Surname: _____

Given Name/s: _____

DOB: _____

Address: _____

Town/ City: _____ Post Code: _____ State: _____

Phone: _____ Mobile: _____

Email: _____

SECTION 2 – EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____

Relationship: _____ Phone _____

Address: _____

Phone (H): _____ (W): _____ (M): _____

SECTION 3 – CITIZENSHIP

Are you an Australian Citizen? Yes No

If no, Country of Citizenship: _____

If no, Do you have an Australian work Permit / Visa Yes No

SECTION 4 – POSITION APPLYING FOR

I am applying for the position of _____

SECTION 5 – EDUCATION AND LICENCING DETAILS

Highest Education Level Attained: _____

Other Courses ie University / TAFE (successfully completed):

Trade Qualifications:

SECTION 6 – WORKSAFE COMPETENCY CERTIFICATES

Do you have a Work Safe Certificate of Competency Yes No

If Yes, please provide details and number: _____

SECTION 7 – DRIVERS LICENCE

Drivers Licence Number _____

Expiry Date: _____

Classes: _____

State Issued: _____

SECTION 8 – OTHER CERTIFICATES

Do you have a first aid certificate? Yes No

Do you have a white card? Yes No

Please list other certificates: _____

SECTION 9 – EMPLOYMENT HISTORY

YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION IF A RESUME IS PROVIDED

1. Employer Name: _____

Phone Number: _____ Contact Person: _____

Employment Period: From To

Position:

Duties:

Reason for leaving:

2. Employer Name: _____

Phone Number: _____ Contact Person: _____

Employment Period: From To

Position:

Duties:

Reason for leaving:

3. Employer Name: _____

Phone Number: _____ Contact Person: _____

Employment Period: From To

Position:

Duties:

Reason for leaving:

4. Employer Name: _____

Phone Number: _____ Contact Person: _____

Employment Period: From To

Position:

Duties:

Reason for leaving:

SECTION 10 – OTHER MATTERS

Can you:

Read and Understand English: Yes No

Provide your own transport: Yes No

Are you prepared to:

Work reasonable overtime? Yes No

Work 7 days a week, if necessary? Yes No

Work on Site? Yes No

Work at Heights? Yes No

Abide by all legal policies and procedures? Yes No

Work within the legal limits of my skills, competence and training? Yes No

Work in a safe and responsible manner? Yes No

Report immediately any injury or incident? Yes No

If you are prepared initially for a specific site, are you prepared to work in the manufacturing plant or vice versa? Yes No

SECTION 11 – MEDICAL

The information provided below will not impact our consideration of your application for employment.

Have you sustained any injury /illness that may affect you ability

to work in the position applied for: Yes No

Do you have a medical condition that may affect you ability to

in the position applied for: Yes No

If you have answered YES to any of the abovementioned questions please provide details:

SECTION 12 DECLARATION BY APPLICANT

I declare that the information supplied by me in completing this application is true and correct and that any false information will render the application null and void, may result in the termination of employment and or an entitlement to Workers Compensation should I be injured.

I agree to allow and authorize the company to comprehensively check my workers compensation history

Name _____

Signature _____

Date _____

**PLEASE NOTE: NO GURANTEE OF EMPLOYMENT IS
GIVEN BY COMPLETION OF THIS FORM**

Please return this form to:

Attention: HR Manager