

SURNAME: .....

FIRST NAMES: .....

APPLICATION DATE: .....

## APPLICATION FOR EMPLOYMENT



66 Weaver Street,  
EDWARDSTOWN SA 5039

PO Box 120, Edwardstown SA 5039

Phone: 8357 4041  
Fax: 8276 9395

*(To be completed in the Applicant's own handwriting.)*

### OFFICE USE ONLY

Classification: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Notes: \_\_\_\_\_

Interview Date: \_\_\_\_\_

1. Surname ..... First Names: .....
2. Address: .....  
 ..... Postcode: .....
3. Date of Birth: ..... Place of Birth: .....
4. Email Address: .....
5. Mobile Number: .....
6. Emergency Contact:  
 Name: ..... Ph:.....
7. Married, Single, Divorced or Widowed: .....
8. Medicare Number: .....

9. Banking Details for Payroll Purposes:

Name of Bank	Branch	Name on Account	BSB No	Account No

10. Tax File Number:.....

11. Education Records and Qualifications:

School/Trade School	Year	Qualifications Obtained	Studies being pursued now

Other Qualifications: .....

Special Training Received in employment: .....

.....

12. Driver's Licence: Class: ..... Licence No.: .....  
 Renewal Date: .....

13. Construction Industry Training Board (CITB) Number: .....

Renewal Date: .....

14. Unique Student Identifier Number (USI) . .....

(this would apply if you have undertaken training since 1<sup>st</sup> January 2015)

15. Dependents:

Name in Full	Relationship	Date of Birth

16. Brief details of employment over the past 3 years (most recent experience first)

Name of Employer and Address	Period of Employment (month and year)		(1) Class of work (2) Reason for leaving
	From	To	
1:..... .....	..... .....	..... .....	1)..... 2).....
2:..... .....	..... .....	..... .....	1)..... 2).....
3:..... .....	..... .....	..... .....	1)..... 2).....

17. Are you employed at the present time? YES / NO

One or Two Jobs? .....

**18.** Have you previously suffered from any of the following conditions?

*(You are warned that you may NOT be entitled to receive compensation for any of the conditions listed in this paragraph in respect of which you give a willful and false answer.)*

YES or NO

- (a) Heart condition of any kind
- (b) Back condition or spinal disorders
- (c) Eye condition requiring medical attention
- (d) Neurosis or nervous condition of any kind
- (e) Hernia condition of any kind
- (f) Injury to arm, hand or fingers, legs, feet or toes, speech, taste or smell, lungs
- (g) Industrial dermatitis or a rash of any kind caused by your employment
- (h) Noise-induced hearing loss

a).....
b).....
c).....
d).....
e).....
f).....
g).....
h).....

**19.** In respect of each of the diseases or conditions mentioned in paragraph 18 to which your answer is YES state:

<i>Disease or Condition</i>			
<i>When first suffered</i>			
<i>Period of any absence of work</i>			
<i>In whose employment were you at the time</i>			
<i>Details of any compensation received</i>			
<i>Name of any Doctor or Doctors consulted</i>			

**20.** Apart from the disease and conditions which you have already mentioned, have you ever had any serious accidents, illnesses or operations (whether caused by previous employment or not) or made a claim pursuant to any workers compensation act?

If so, state brief details: .....

.....

.....

21. Are you a member of a trade and labour union? If yes:

- a) Which Union? .....
- b) Are you currently financial? .....
- c) If not, have you any objection to joining a union? .....

## **DECLARATION BY APPLICANT**

**I DECLARE that the preceding information is, to the best of my knowledge and belief, true and correct in every detail. I acknowledge that my failure to answer any of the preceding questions may automatically exclude my application for consideration.**

**Date ..... Signature of Applicant: .....**