

APPLICATION FOR EMPLOYMENT				
Position Applied For:				
	PERSO	NAL DETAILS		
Surname:				
Given Names:				
Preferred Title: Mr/Mrs/Miss/Ms		Other:		
Residential Address:				
Date of Birth:				
Home Phone:	Mok	oile Number:		
Email Address:				
Are you an Australian Citizen?				
Do you have a current Working V	isa:	EXPIRY DATE		
	EMPLOYN	MENT HISTORY		
Current/Most Recent		Position	From	То
Reason for Leaving:				
Second Most Recent		Position	From	То
Reason for Leaving:				



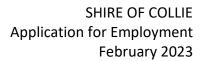


REFEREES					
List names and telephone numbers of referees who have supervised your work and whom we may contact.					
NAME:	NAME: CONTACT NO:				
NAME:	СО	NTA	CT NO:		
DRIVERS LICENCE INFORMATION					
Drivers Licence No.:	Classes:	Classes: Expiry Date:			
	EDUCATION/TRA	AINI	ING		
Secondary					
HIGHEST LEVEL ATTAINED		YE	AR		
SCHOOL					
Post-Secondary (Please list o	any professional qualific	atio	ns and/or specie	al skills training.	
Institution	Subjects Taken		Year	Results	
Current Studies					
Qualifications: Are your qualific	cations registered in West	ern	Australia?		





HEALTH				
Important Notice: Please note that under Section 79 of the Workers' Compensation and Rehabilitation Act, wilful and false representation regarding a previous disability may preclude the payment of future compensation				
Given the role for which you have applied, and having read/heard the Position Description, are there any physical or psychological concerns that could stop you from doing the job safely?	Yes		No	
Please explain:				
Have you ever had any other accident or disease which could affect your ability to work?	Yes		No	
Please explain:				
WORKERS COMPENSATION CLAIMS				
A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. This information assists us to provide a duty of care, not to aggravate an existing injury.				
Have you ever made a claim for Workers Compensation	Yes		No	
If yes, is the claim closed?	Yes		No	
Type of injury:				
Duration of Workers Compensation:				





NOTE: ANY OFFER OF EMPLOYMENT IS SUBJECT TO A PRE-EMPLOYMENT MEDICAL WHICH WILL INCLUDE A DRUG AND ALCOHOL TEST
Convictions: Do you have any convictions for any offences from any court, or are you currently the subject of any charge pending before any court? You do not need to give details of any conviction which you have declared.
YES NO
THE FOLLOWING QUESTIONS ARE OPTIONAL AND NEED NOT BE COMPLETED. NON-COMPLETION OF THESE ITEMS WILL IN NO WAY PREJUDICE YOUR APPLICATION FOR EMPLOYMENT.
Do you speak any language other then English?
Sporting interests/hobbies
Membership of Professional bodies:
Any further information you wish to provide in support of this application:
ADDITIONAL INFORMATION
When would you be able to commence employment?
If employed, minimum period of notice required:
Comment: (Optional)
DECLARATION
I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief. I have not withheld any relevant information required by this application, or made any false or misleading representation. I acknowledge that if I have knowingly or wilfully given false or misleading information or have withheld any information, it could result in 1) rejection of my application; 2) legal proceedings against me; or 3) dismissal after appointment.
Signature of Applicant Date



PERSONAL AMBITIONS AND ACHIEVEMENTS

	PERSONAL AMBITIONS AND ACHIEVEMENTS
1.	What type of work do you find most interesting?
2.	What do you feel are your greatest strengths, in the workplace?
3.	What do you consider to be your weaker points, in the workplace, which may require development/training/education?
4.	What do you consider to be your greatest achievement so far?
5.	Where did you find/hear about this position? Shire website Newspaper Facebook Other