



Head office

PO Box 53
Bordertown SA 5268
Ph. 08 8752 0052
Fax 08 8752 2839

ABN 21 008 263 474

Application for Employment – NON DRIVERS



Applicants must accept that no guarantee of employment is given by the completion of this form. Please print clearly.

Today's Date _____

PERSONAL DETAILS

Name of applicant _____

Address _____

_____ State _____ Post Code _____

Phone Numbers: _____

Date of birth _____ Marital status _____

Height _____ Weight _____

Type of employment sought: _____ (eg Container packing, Forklift, Clerical)

Are you legally entitled to work in Australia? YES / NO

QUALIFICATIONS & EXPERIENCE

What current licenses do you hold? (Please include forklift etc)

Class	Lic. No.	State of Issue	Expiry	Years of Experience in Class
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRADE QUALIFICATIONS: _____

Have you completed any courses or are you licensed in anything that may be of benefit in your employment? eg Forklift license, computer courses, dangerous goods course, personal development courses etc.

WORK HISTORY

Are you currently unemployed? YES / NO. If yes, how long? _____

Previous Employers (Most recent first)

Employer _____ Phone No. _____

Employment from _____ to _____ (dates)

Type of work _____

Reason for leaving _____

Employer _____ Phone No. _____

Employment from _____ to _____ (dates)

Type of work _____

Reason for leaving _____

Employer _____ Phone No. _____

Employment from _____ to _____ (dates)

Type of work _____

Reason for leaving _____

Have you ever been reported for, charged with or convicted of a criminal offence?

If yes, please provide details YES / NO

Charge 1. Date of Charge: _____

Nature/Details of Charge: _____

_____ Penalty _____

Charge 2. Date of Charge: _____

Nature/Details of Charge: _____

_____ Penalty _____

MEDICAL HISTORY

What is your present state of health? _____

When was your last medical? _____

Have you ever received workers compensation for injury or disease? YES / NO

If yes, give full details: Date _____

Employer _____

Nature of Injury _____

Period of Disablement _____

(If more than one occurrence, please list over page)

Do you, or have you suffered from any physical or mental disability (except eyesight corrected by lenses)?

YES / NO. Please provide details _____

GOALS WITHIN THE COMPANY. Should you be successful, what would you like to get out of this job in the future?

Signed _____