



Application for Employment

Position Applied for:

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First Name:

Last Name:

.....

Address:

.....

Postcode:

Home Phone:

Mobile:

.....

Date of Birth:

Age:

.....

Tax File Number:

.....

Drivers License No.:

State:

Class:

Expiry Date:

.....

Physical Health History

IMPORTANT: Section 79 of the Workers' Compensation and Rehabilitation Act 1981

“Where it is proven that the worker has, at the time seeking or entering employment in respect of which he/she claims compensation for a disability, willfully and falsely represented themselves as not having previously suffered from disability, a dispute resolution body may in it's discretion refuse to award compensation which otherwise would be payable”

Please specify any pre-existing medical conditions/injuries/claims which may affect work:

.....

Do you suffer from any back, neck, shoulder, knee complaint? Yes / No

If yes, give details:

.....

Are you required to take any medication which may:

Affect your work performance? Yes / No

Affect your attendance at work? Yes / No

Would you be willing to take a medical exam? Yes / No

Would you be willing to take a drug and alcohol test? Yes / No

Details of Previous Work

Dates

___ / ___ / ___ to ___ / ___ / ___

Company:

Position:

Reasons for leaving:

Dates

___ / ___ / ___ to ___ / ___ / ___

Company:

Position:

Reasons for leaving:

Have you been previously employed at City Farmers? Yes / No

Would you be willing to supply a Police Clearance (criminal / driving record)? Yes / No

Personal References

| Company | Contact Person | Position | Contact Number |
|---------|----------------|----------|----------------|
| | | | |
| | | | |
| | | | |

Statement

In signing this Application for Employment, I acknowledge that any misinterpretation of facts is sufficient for dismissal.

Signature:

Date: