



# EMPLOYMENT APPLICATION

Date: ...../...../.....

*Please ensure that you attach or send in your resume with this application form.*

## Position

<b>Position you are applying for:</b>	
<b>Have you read a position description?</b>	YES / NO
<b>Has the position been clearly described to you?</b>	YES / NO

## Personal Details

<b>Full Name (print):</b>			
<b>Address:</b>			
<b>Contact No.:</b>	Home:	Mobile:	
<b>Date of Birth:</b>			

<b>Next of Kin Name:</b>			
<b>Address:</b>			
<b>Contact No.:</b>	Home:	Mobile:	Work:
<b>Email:</b>			

## *Second Next of Kin - Optional*

<b>Next of Kin Name:</b>			
<b>Address:</b>			
<b>Contact No.:</b>	Home:	Mobile:	Work:
<b>Email:</b>			

## Licences & Qualifications

<b>Drivers Licence Details</b>	State:	No.:	Expiry Date: / /
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<b>Operator Licences</b>	<b>Plant/Equipment</b>	<b>No.</b>	<b>Expiry Date: / /</b>
1.			
2.			
3.			
4.			
5.			

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Other Qualifications	No.	Expiry Date: / /
1.		
2.		
3.		
4.		
5.		

## Inductions

Name:	Ref No.:	Date:	Expiry Date:
1.			
2.			
3.			
4.			
5.			
6.			
7.			

## Employment History

Name of Company	Date started	Date Finished	Reasons for leaving

## References

Name:	Contact No.:	Relationship/Position/Company:
1.		
2.		
3.		

## Health

Do you suffer from:	Yes	No
Diabetes		
Heart disease		
Blood disorders		
Vision impairment		
Colour blindness		
Breathing problems		
Migraines/headaches		

Do you suffer from:	Yes	No
Back or neck problems		
Knee or elbow or other joint problems		
Hearing impairment		
Epilepsy		
Skin conditions		
Any medical or other condition which may impede you from carrying out any duties associated with this position?		
Are you taking any medication that might affect your ability to safely operate any plant, machinery or vehicle?		

## Declaration of Applicant

I hereby attest that the information supplied herein is true and correct to the best of my knowledge.

Name:		Sign:		Date:	
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*We thank you for providing this information and assure you of the strictest confidence.*

## Office Use Only

### Manager

Name:		Sign:		Date:	
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### CEO

Name:		Sign:		Date:	
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