



HR-F01
Application For Employment

Position applied for:	Date:	
Have you reviewed the relevant Position Description :	YES	NO

PERSONAL DETAILS

First Name(s):	Surname:	Date of Birth:	
Residential Address:			
Postal Address:			
Contact Details	Home:	Business:	Mobile:
Are you a resident of Australia?		YES	NO
If not, do you hold a current Australian work permit? (only answer if no above)		YES	NO
When are you able to commence the job?			

EMPLOYMENT HISTORY (1st being most recent)
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1st	
Business Name:	Managers Name:
Telephone No:	Your Position:
Period of Employment:	
Duties performed:	
Reason for terminating Employment:	



2nd	
Business Name:	Managers Name:
Telephone No:	Your Position:
Period of Employment:	
Duties performed:	
Reason for terminating Employment:	
3rd	
Business Name:	Managers Name:
Telephone No:	Your Position:
Period of Employment:	
Duties performed:	
Reason for terminating Employment:	

EDUCATION (Please outline the highest level of formal education you have attained)

Secondary School: (please name the school)	Year completed:
Highest qualification obtained: (eg. Grade 10, Grade 12)	

Tertiary Education: (please name the institution)	Year completed:
Highest qualification obtained: (eg. TAFE diploma, Degree)	

Post-Graduate Education: (please name the institution)	Year completed:
Highest qualification obtained: (eg. TAFE diploma, Degree)	

Are you currently studying for any qualifications?	YES	NO
If yes, please provide details:		

TRAINING/PROFESSIONAL DEVELOPMENT

Tick	Licences/Certificates	Licence No	Date Acquired	Expiry Date	Other Information
	Drivers Licence				Heavy Vehicle: Yes/No
	Operator Licences				
	DLI Endorsement				
	Crane Chaser				
	Workplace First Aid (Level II)				
	PSIAP Recipient Qualifications				
	Forklift Licence				
	OHS Industry Competency Passport (TAFE)				
	Control Construction Traffic Certificate				
	Safety at Road works – Traffic Management				
	Chainsaw Operator's Certificate				
	Other:				
	Other:				

REFEREES (Please provide details for two referees)

Referee's name:	Telephone number:
Business name:	Referee's position:
Address:	

Referee's name:	Telephone number:
Business name:	Referee's position:
Address:	

HEALTH

Any medical or physical conditions which may affect efficient or safe performance of the above position applied for, e.g. disabilities, injuries, illness, etc:

Are you dependent upon any medication? If Yes, please list:

Do you have a history of previous workers compensation claims? If Yes, please list below:

Do you agree to undergo a medical examination by the employer's doctor? Yes / No
Comments?

Do you agree to adhere to Gradco's drug/alcohol and smoking policies? Yes / No
Comments?

Any other comments?

I hereby certify that the particulars stated within and contained in any attached documents are to the best of my knowledge true & correct. I am aware that any inaccurate statement made, or information withheld, may result in the termination of my employment.

I give Gradco's General Manager, or his Representative, the right to speak to my nominated referees and/or former employers to verify any information relevant to my application. I understand that my current employer will not be contacted.

Signed:

Date: