

emergency notification	
in the case of an emergency, are there any special requirements we should know (medical or other): _____	
next of kin: _____	relationship: _____
phone: _____	other contact number: _____

transport & licenses	
drivers licence	<input type="checkbox"/>
own car	<input type="checkbox"/>
bicycle	<input type="checkbox"/>
public transport	<input type="checkbox"/>
forklift licence	<input type="checkbox"/>
truck licence	<input type="checkbox"/>
	please state: _____
other licences _____	

availability		residency status	
day shift	<input type="checkbox"/>	7 days a week	<input type="checkbox"/>
afternoon shift	<input type="checkbox"/>	mon to friday	<input type="checkbox"/>
night shift	<input type="checkbox"/>	school holidays	<input type="checkbox"/>
evenings	<input type="checkbox"/>		
other	_____		
		australian citizen / resident	<input type="checkbox"/>
		work visa	<input type="checkbox"/> (expiry date.....)
		student visa	<input type="checkbox"/> (expiry date.....)

general information		
are you eligible for government financial assistance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
do you smoke?	<input type="checkbox"/> yes	<input type="checkbox"/> no
are you interested in permanent work?	<input type="checkbox"/> yes	<input type="checkbox"/> no
have you performed casual work before?	<input type="checkbox"/> yes	<input type="checkbox"/> no
if yes , for whom and when? _____		
do you have your own clothing or safety equipment?		
if yes , please specify _____		
have you ever been convicted of a criminal offence in Australia or overseas?		
if yes , give details _____		



employment history

do we have a copy of your updated resume? yes no
(if yes, please go to the next section. If no, please complete the following section)

current or most recent employment

period employed from _____ to _____

full time
part time
casual
temporary contract

company name _____

type of business _____

suburb _____ reporting to _____

duties _____

reason for leaving _____

period employed from _____ to _____

full time
part time
casual
temporary contract

company name _____

type of business _____

suburb _____ reporting to _____

duties _____

reason for leaving _____

period employed from _____ to _____

full time
 part time
 casual
 temporary contract

company name _____

type of business _____

suburb _____ reporting to _____

duties _____

reason for leaving _____

other trade, skills & experience

please use this section to describe any other skills that you have obtained that may be useful to a future employer, describe machinery used and the competency level attained.

name of school or teaching institution	education level or course name	level attained	year attained	machinery used

medical information

do you agree to undergo a medical examination if required? yes no
 are you on prescribed medication? yes no
 if **yes**, please specify _____

do you have any physical disabilities that affect your work? yes no
 if **yes**, please specify _____

do you smoke tobacco or any other substance whilst working? yes no
 if **yes**, please specify _____

do you drink alcohol whilst working? yes no
 if **yes**, please specify _____

are you currently receiving any medical treatment? yes no
 if **yes**, please specify _____

Have you previously or are you currently receiving medical attention for any of the following conditions?

- | | | | |
|----------------------|--|---------------------------|--|
| asthma | <input type="checkbox"/> yes <input type="checkbox"/> no | deafness/hearing problems | <input type="checkbox"/> yes <input type="checkbox"/> no |
| arthritis | <input type="checkbox"/> yes <input type="checkbox"/> no | eye trouble/condition | <input type="checkbox"/> yes <input type="checkbox"/> no |
| blood disorder | <input type="checkbox"/> yes <input type="checkbox"/> no | fainting/blacking out | <input type="checkbox"/> yes <input type="checkbox"/> no |
| chronic illness | <input type="checkbox"/> yes <input type="checkbox"/> no | skin condition/problems | <input type="checkbox"/> yes <input type="checkbox"/> no |
| swollen/stiff joints | <input type="checkbox"/> yes <input type="checkbox"/> no | injury to any body part | <input type="checkbox"/> yes <input type="checkbox"/> no |
| heart condition | <input type="checkbox"/> yes <input type="checkbox"/> no | epilepsy | <input type="checkbox"/> yes <input type="checkbox"/> no |
| hepatitis (any form) | <input type="checkbox"/> yes <input type="checkbox"/> no | stress related illness | <input type="checkbox"/> yes <input type="checkbox"/> no |
| hernia problem | <input type="checkbox"/> yes <input type="checkbox"/> no | HIV (AIDS virus) | <input type="checkbox"/> yes <input type="checkbox"/> no |

if **yes**, please give details _____

have you ever suffered from any back trouble or disorder? yes no
 if **yes**, please give details _____

is your vision or hearing impaired, which may make it difficult for you to follow written instructions or warnings, or hear warning alarms? yes no
 if **yes**, please detail what problems you have experienced and what precautions need to be taken to protect you

in your last position, what duties were you required to perform? (i.e. lifting, standing, repetitive duties)

what did these duties require of you physically? _____

in performing these duties did you experience any difficulties or problems? yes no
 (e.g. aggravation of a previous injury) if **yes**, please specify _____

