|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **application for employment**  *(Confidential)* | | | | | | |
| **Date: / /**  personal details**: (Please print clearly all information)**  Job applied for:  Location:  If your application is successful when are you available to start? | | | | | | |
| Last name: |  | | | | | |
| First names: |  | | | | | |
| Title: Mr / Mrs / Miss / Ms / Other | | | | Date of Birth: / / | | |
| Address: | | | | | | |
| Suburb: | | | State: | | | P/code |
| Postal (if different): |  | | | | | |
| Phone: | (Home:) | | | | (Mobile): | |
| Email: | | | | | | |
| Driver’s Licence : Type \_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Dangerous Goods Authority : Yes / No , Classes \_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| SLP (AIP) Passport : Yes / No , Expiry Date \_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| legal work status | | | | | | |
| Are you legally entitled to work in Australia? Yes / No  If you are not a permanent resident of Australia do you have a current work permit? Yes (please attach copy) / No  Expiry date of work permit: | | | | | | |
| health | | | | | | |
| Do you have any health problems or known medical conditions which may affect your ability to effectively carry out the functions and responsibilities of this job? This includes any past injuries that may affect your employment if they recurred. Yes / No  If yes, please give details of nature of injury or illness:  Date of Accident(s) /Injury/ Illness: | | | | | | |
| court convictions | | | | | | |
| Have you been convicted of a criminal offence or had legal proceedings made against you in the last 7 years?  Yes / No **If yes, please give details:**  Are you currently waiting for the hearing of any court charges?  Yes / No **If yes, please give details:** | | | | | | |
| work experience | | | | | | |
| Attach your resume or list all jobs held, starting with the most recent employer. Continue on a separate sheet if necessary. | | | | | | |
| last or present employer: | | | | | | |
| Address: | |  | | | | |
| Position held: | |  | | | | |
| From: | | To: | | | | |
| Manager/supervisor’s name: | |  | | | | |
| Key duties and responsibilities: | | | | | | |
| Reason for leaving: | |  | | | | |
| previous employer: | | | | | | |
| Address: | |  | | | | |
| Position held: | |  | | | | |
| From: | | To: | | | | |
| Manager/supervisor’s name: | |  | | | | |
| Key duties and responsibilities: | | | | | | |
| Reason for leaving: | |  | | | | |

## referees

Please provide details of at least three people we can contact for current/past work or character references

|  |  |
| --- | --- |
| Name of referee (previous employer) |  |
| Company |  |
| Position of referee |  |
| Telephone contact |  |
|  | |
| Name of referee (previous employer) |  |
| Company |  |
| Position of referee |  |
| Telephone contact |  |
|  | |
| Name of referee (character referee) |  |
| Company |  |
| Position of referee |  |
| Telephone contact |  |

* Tanker Driver applicants will be required to undergo a pre-employment medical assessment. If successful, you will be notified where and when this will be required.
* Tanker Driver applicants are required to obtain a copy of their Driver History Statement from Queensland Transport and submit together with this application.

I consent to the Company seeking verbal or written information on a confidential basis about me from referees and representatives of my current and previous employers and I authorise the information sought to be released by them for ascertaining my suitability for the job applied for:

Yes / No

Signature: …………………………………………..

Date: …………………………………………………

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## declaration

I…………………………………………… (print full name) declare that the information contained in this application and any supporting information is accurate, complete and correct. I accept that should my application be successful, this information will form part of my employment agreement and falsification or withholding of information may be grounds for dismissal.

Signature: …………………………………………..

Date: …………………………………………………

Should your application for employment with the Company be accepted, you will be required to supply your personal bank account number, Tax File number and next of kin contact details.