



APPLICATION FOR EMPLOYMENT

Date of Application: _____ / _____ / _____

Surname: _____

First Names: _____

Date of Birth: _____ / _____ / _____

Street Address: _____

Suburb _____

State: _____ Post Code: _____

Home phone: () _____ Mobile: _____

Email Address _____

DESCRIBE YOUR MAIN WORK EXPERIENCE (e.g. Fixer, Flusher, T/A, Labourer, etc)

EMPLOYMENT HISTORY:

(Please put your most recent/ current employment first)

Employer's Name	Period of Employment		Details of Employment
	From	To	
Contact name & phone:			
Contact name & phone:			
Contact name & phone:			
Contact name & phone:			

CERTIFICATES HELD (Circle Yes or No):

White Card	Yes	No
Trade	Yes	No
Scissor Lift	Yes	No
Fork Lift	Yes	No
Scaffold	Yes	No
First Aid	Yes	No
Safety Supervisor	Yes	No

Other (Please State): _____

Are you an Australian Citizen?(Circle Yes or No) Yes No

- If No please provide passport number _____

Do you have a current Drivers License? Yes No
 Drivers License No: _____

Do you have your own reliable transport? Yes No

MEDICAL HISTORY:

IMPORTANT

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

Please specify any Pre-Existing Medical Conditions/Injuries/Claims which may effect work for which you have applied:

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

If Yes, give details _____

Are you required to take medication which may:

Affect your work performance? Yes No

Affect your attendance at work? Yes No

How much time lost from work in the past three years for illness? _____

Would you be willing to take a medical examination? Yes No

Would you be willing to take an alcohol and other drug test? Yes No

MEDICAL ASSESSMENT

Worker to Complete: (please circle your answer)		If Yes, please explain
Are you being treated by any doctor for any illness?	Yes/No	
Have you been hospitalised for any illness?	Yes/No	
Are you taking any medication for a medical condition?	Yes/No	
Have you had any operations?	Yes/No	
Have you had a Tetanus injection within the last ten years?	Yes/No	
Have you had time off work in the last year?	Yes/No	
Have you a current Workers' Compensation claim?	Yes/No	
Have you had a Workers' Compensation claim in the past or a work related injury or illness?	Yes/No	
Do you or have you ever had back or neck problems?	Yes/No	
Have you any medical or surgical condition?	Yes/No	
Is there a family history of any medical conditions?	Yes/No	
Have you ever been refused Life Insurance, Disability Insurance, Employment or Military Service?	Yes/No	
Is there any reason why you cannot wear safety or protective equipment?	Yes/No	
Are you affected by heights or confined spaces?	Yes/No	
What is your average intake of:	Alcohol	
	Cigarettes	
	Recreational Drugs	
Known Allergies:	Medications	
	Foods	
	Other	

Have you suffered from any of the following conditions at any time in your life:

Blood pressure	Yes/No	Repetitive strain/overuse injury	Yes/No
Lung problems/Asthma/Bronchitis	Yes/No	Arthritis/Rheumatism	Yes/No
Tuberculosis	Yes/No	Mental or nervous troubles	Yes/No
Hernia	Yes/No	Loss of hearing/ear infections	Yes/No
Fits/Seizures/Blackouts	Yes/No	Visual impairments	Yes/No
Persistent Headaches/Migraines	Yes/No	Stomach problems/ulcers	Yes/No
Diabetes (sugar)	Yes/No	Hepatitis/jaundice/Liver trouble	Yes/No
Any joint problems/fractures	Yes/No	Skin disorders/Dermatitis	Yes/No

Please comment on all those marked Yes: _____

Have you had difficulty with any of the following:

Running 100 metres	Yes/No	Turning your head rapidly	Yes/No
Climbing a ladder	Yes/No	Gripping firmly with both hands	Yes/No
Walking on rough ground	Yes/No	Using hand tools	Yes/No
Crouching	Yes/No	Repetitive movements of the hand or arms	Yes/No
Kneeling	Yes/No	Hearing a normal conversation	Yes/No
Sitting for two hours	Yes/No	Reading ordinary print	Yes/No
Standing for two hours	Yes/No	Concentrating on what you are doing	Yes/No
Lifting or bending	Yes/No	Understanding English	Yes/No

Please comment on all those marked Yes: _____

Have you had any exposure to the following in your past jobs:		If Yes, please explain
Loud noise/explosives/gunfire	Yes/No	
Asbestos	Yes/No	
Chemicals	Yes/No	
Radiation	Yes/No	
Dust	Yes/No	

DECLARATION:

I solemnly declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment.

SIGNATURE OF APPLICANT: _____

Date: _____ / _____ / _____

Office Use Only

		Tick one box	
		Yes	No
1	Have all items in the form been filled out?		
2	Have you sighted the certificates for the qualifications the applicant has said they have? If no, office to follow up		
3	Application approval – Yes or No		
4	Rate of pay / Level of qualification Apprentice 1 st Year Apprentice 2 nd Year Apprentice 3 rd Year Apprentice 4 th Year Trainee – Level 1 Trainee – Level 2 Trainee – level 3 Labourer New Entry Trades Person Trades Person Other		
5	Start Date		

Name of CWC management conducting interview.....

Sign.....

Payroll Use Only

New employee entered into Visipay	
New employee entered into Site Diary	
New employee file created	
New employee checklist finalised	