



SP10_5

APPLICATION FOR EMPLOYMENT

Position Applied for:.....

Applicant's Surname:..... Christian Names:

Applicant's Address:

Telephone No..... Date of Birth:

Driver's Licence No.:..... Trade Endorsements:.....

Plant/Heavy Vehicle Endorsements:

Relevant Experience:.....

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Current Union Membership..... Previous Union Membership:.....

Do You Have Any Objection to Union Membership? YES / NO (Please Circle)

Previous Employment History:

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Reasons For Ceasing Previous Employment:

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AWC is a Drug & Alcohol free workplace. Do you agree to undergo random testing? YES / NO (Please Circle)
Positive results may result in instant dismissal.

Any Medical or Physical Conditions Which May Affect Efficient or Safe Performance of Above Position Applied for
(eg Allergies, Back Injuries etc.):

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Are You Dependent Upon Medication:

Name(s), Address(s) and Telephone No.(s) of Doctor(s) (Optional):.....

.....

Have You Ever Lodged a Workers Compensation Claim: YES / NO (Please Circle) If YES, Please Describe

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Do You Agree to Undergo a Medical Examination and/or Hearing Test by the Employer's Doctor: YES / NO

I, the applicant, declare that the particulars shown are true and correct in every detail. I also understand that any details provided that are incorrect may result in termination of employment if application is successful.

Applicants Signature:..... Date:.....

For Office Use Only:

Position: Commencement Date:.....

Wage Rate: Allowances:

Signed:.....