



APPLICATION FOR EMPLOYMENT

DATE: / /

Position Applied for:	
Personal Details	
Surname:	First Names:
Address:	
	Postcode:
First Tel Contact No.	Second Contact No.
Emergency Contact	
Name:	Relationship to you:
Address:	Phone:
Qualifications (includes academic, trade & certificates/tickets such as first aid, typing, IT etc)	
Qualification	Where and when obtained:
If not apprenticed in Australia do you hold an Australian Trades Certificate? Yes/No Or do you hold a Certificate of Recognition? Yes / No	

Employment History (most recent first)	
Employer:	Position Held:
Address:	Duties:
Phone:	Supervisor/s:
Employed from:	To:
Reason for Leaving:	

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Phone:	Supervisor/s:
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Reason for Leaving:

Restrictions (tick each box where you are NOT prepared/able to work)

- | | |
|--|--|
| <input type="checkbox"/> At Heights | <input type="checkbox"/> Near Water |
| <input type="checkbox"/> Shift Work | <input type="checkbox"/> Outside Local Area |
| <input type="checkbox"/> Call Outs | <input type="checkbox"/> Lifting Heavy Weights |
| <input type="checkbox"/> Hot Conditions | <input type="checkbox"/> Reasonable Overtime |
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Other (details) |

The following sections are to be completed prior to any pre employment medical examination

Medical History

Do you have any restrictive health problems? (tick each box to confirm)

- | | | |
|--|--|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Eyesight | <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Other |

Please provide details:

Are you on any medication? Yes / No
If Yes, please provide details:

Doctor's Name (in case of emergency) :

Date of last medical check-up:

Doctor's Ph No:

Worker's Compensation

Have you ever claimed Worker's Compensation? Yes / No

Date of Injury	Employer	Nature of Injury	Days Off

The following information is required to be completed prior to any commencement with Mainteck Services:

Are you an Australian citizen for taxation purposes? Yes / No

Permanent Resident? Yes / No or Using a Work Visa? Yes / No

Expiry Date:

Please provide copy of supporting documentation eg. birth certificate, passport or Visa

Date of Birth:

Country of Birth:

Driver's Licence No.:

Class of Licence:

Memberships & Affiliations

Type	Name	Registration No.
Union		
Industry Associations		
Superannuation Fund		
Long Service Leave		
Redundancy Funds		

The information provided in this application form is accurate to the best of my knowledge and subject to verification by Mainteck Services Pty Ltd. I understand that I may be refused employment, or be terminated if I knowingly provide false or misleading information.

Signature: _____ Date _____