

Employment Application Form

Applicant's Contact Details

Title:	Surname:	Given Names:
Street Address:		
Suburb:	State:	Postcode:
Home Phone No.:	Mobile Phone No.:	
Email Address:		
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No: Your Country of Citizenship is: Do you have a current Working Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Your Visa Class:..... Date of Issue:		
Are you of Aboriginal or Torres Strait Island descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Applied for

Job Title:	Location:
Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Casual	Expected Salary:
Days/Hours Available to Work: <input type="checkbox"/> Monday _____ hours <input type="checkbox"/> Saturday _____ hours <input type="checkbox"/> Tuesday _____ hours <input type="checkbox"/> Sunday _____ hours <input type="checkbox"/> Wednesday _____ hours <input type="checkbox"/> Thursday _____ hours <input type="checkbox"/> Friday _____ hours Comments:	
How many hours can you work weekly?	Can you work Afternoon and/or Night shift?
How much notice are you required to give your current employer?	

Qualifications and Licences – including highest level of school/tertiary qualifications

Note: Validated copies of all qualifications and licences will be required

Name of Qualification	Institution/Training Provider	Year Obtained

Please tick all of the **current** licences and/or certification you have and note the number of years held for each:

- | | | | |
|--------------------------------------------------------------------|-------------|--------------------------------------------|-------------|
| <input type="checkbox"/> Drivers (Car) Licence | _____ years | <input type="checkbox"/> Light Rigid | _____ years |
| <input type="checkbox"/> Medium Rigid | _____ years | <input type="checkbox"/> Heavy Rigid | _____ years |
| <input type="checkbox"/> Heavy Combination | _____ years | <input type="checkbox"/> Multi Combination | _____ years |
| <input type="checkbox"/> Forklift – High Risk | _____ years | <input type="checkbox"/> Dangerous Goods | _____ years |
| <input type="checkbox"/> Maritime Security
Identity Card (MSIC) | _____ years | <input type="checkbox"/> First Aid | _____ years |

Employment History

Please list your previous employment, beginning with your most recent job held:

If you were self-employed, give the firm's name.

If necessary, please attach additional sheets.

Please provide details of your last Two Employers	
<u>Most Recent Employer</u>	
Name and Address of Employer:	
Contact Person and their Job Title:	
Contact Person's Phone Number(s):	
Employment dates: From:	To:
Reason(s) for leaving:	
List the job you held, duties performed, skills used or learned, advancements or promotion while you worked at this company:	
May we contact your current / latest employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Next Previous Employer</u>	
Name and Address of Employer:	
Contact Person and their Job Title:	
Contact Person's Phone Number(s):	
Employment dates: From:	To:
Reason(s) for leaving:	
List the job you held, duties performed, skills used or learned, advancements or promotion while you worked at this company:	

Referees

Please provide details of current and/or previous employers, supervisors or managers who may be contacted in regards to your employment history:

Name:	Title:
Company:	Phone Number(s):
Name:	Title:
Company:	Phone Number(s):
Name:	Title:
Company:	Phone Number(s):

Further Questions

1. Have you ever been in receipt of Workers' Compensation benefits? Yes No

If **Yes**, please provide details below:

When did the injury/condition occur?	Did you require time off work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes , how long were you off work?
Which part(s) of your body were affected?	

2. Have you had more than one Worker's Compensation claim? Yes No

3. Have you ever made a claim for Worker's Compensation that was rejected? Yes No

4. Do you have any pre-existing injury or disease which could be affected by the nature of the duties and responsibilities of the position for which you are applying? Yes No

If **Yes**, please provide details below:

5. Have you ever lodged any Workers' Compensation claim or received Workers' Compensation benefits, in relation to injuries or illnesses that could be exacerbated by the work you are applying for? Yes No

6. In your work history, have you ever had any Accidents and/or Incidents? Yes No

If **Yes**, please provide details below:

7. **TRUCK DRIVERS ONLY:** Have you ever received a Traffic Infringement Notice? Yes No

If **Yes**, when and what was the nature of the infringement(s) and any penalty?

8. Have you ever been convicted of any criminal offence? Yes No

If **Yes**, what was the offence, the penalty imposed and the date of conviction?

9. An application form sometimes makes it difficult to adequately summarise a complete background. Please use the space below to list any other additional information that you would like us to know about you.

Disclaimer & Consent

In exchange for the consideration of my job application by SeaRoad:

- I authorise SeaRoad, its agents and subcontractors (all, "SeaRoad") to investigate any information I provide during the application process, including all information contained in this application or other written document and statements made during interviews or other discussions with SeaRoad (all, "applicant information");
- I give my consent to SeaRoad to contact schools, previous employers, referees, law enforcement agencies and others for the purpose of gathering further information necessary for its consideration of this application, and understand that such further information gathered by SeaRoad may include information of a personal and sensitive nature;
- I release SeaRoad from any liability that may arise in relation to its consideration of my application and investigation of my applicant information; and
- I acknowledge that misrepresentations or omissions in my applicant information may be cause for rejection of my application or, if discovered during my employment, discharge from that employment by SeaRoad at any time without prior notice.

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Signature of Applicant

Date