



PRIVATE & CONFIDENTIAL
APPLICATION FOR EMPLOYMENT

(PLEASE COMPLETE EVERY SECTION)

SECTION A

TITLE (Mr/ Mrs/ Miss /Ms): _____

SURNAME: _____

FIRST NAME: _____

RESIDENTIAL ADDRESS: _____

TAX FILE NUMBER: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

NEXT OF KIN (For contact in emergency)

NAME: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NUMBER: _____ **RELATIONSHIP** _____

HEALTH

List any prior or current medical / physical condition that may limit or impede your ability to carry out any duties required of you in your employment with this company.

1. _____

2. _____

Are you required to take any medication on a regular basis? **YES/NO**

1. _____

2. _____

WORKERS COMPENSATION:

Section 79 of the "Workers Compensation Act, 1981" enables employers to disallow compensation claims for disabilities which employees were aware of, but knowingly provided false and misleading information at commencement of employment.

AUDIOMETRIC (HEARING) TEST:

In your previous employment have you undertaken a Baseline Hearing Test? **YES/NO**

If YES, when was this conducted? _____

Have you undertaken an exit test upon termination at your previous employer? YES/NO

SECTION B

EDUCATION STANDARD

**SECONDARY SCHOOL
ATTENDED:**

LEVEL ATTAINED:

_____ **Year** _____
(Apprenticeships, technical College, University Institution,
Qualification, if completed, an Year Attained)

TERTIARY:

1. _____

2. _____

OTHER TRAINING: (Course Title, Year Conducted)

1. _____

2. _____

3. _____

SECTION C

**EMPLOYMENT HISTROY - Include any
skills, relevant to Employment with Jason
Signmakers. (List most recent positon first)**

1.

1. **Name of previous employer:** _____

2. **Position held & duties:** _____

3. **Date Employed:** _____

4. **Relevant Skills:** _____

5. **Reason for leaving:** _____

2.

1. **Name of previous employer:** _____

2. **Position held & duties:** _____

3. **Date Employed:** _____

4. **Relevant Skills:** _____

5. **Reason for leaving:** _____

3.

1. **Name of previous employer:** _____

2. **Position held & duties:** _____

3. **Date Employed:** _____

4. **Relevant Skills:** _____

5. **Reason for leaving:** _____

Have you ever been dismissed or suspended from the services of any employer? **YES/NO**

If YES please give details: _____

Have you ever been required to supervise other employees? **YES/NO**

If YES please give details: _____

Current Drivers Licence No: _____

When would you be able to commence work? _____

SECTION D REFERENCES

Are copies of written references available to be attached to this application? **YES/NO**

Specify details of persons who would be prepared to give a verbal reference:

<u>NAME</u>	<u>TITLE</u>	<u>TELEPHONE NO</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Are the above people aware that we may contact them? **YES/NO**

May an inquiry be made of you from your present Employer? **YES/NO**

If YES, contact name: _____ Telephone No: _____

SECTION E CITIZENSHIP AND RESIDENCY

Upon commencement you will be required to produce one of the following:

1. Australian Birth Certificate and photographic identification.	1.
2. Australian or New Zealand passport.	2.
3. Evidence of permanent residence status without work conditions.	3.
4. Australian Citizenship certificate and photographic identification.	4.

Please identify by ticking one of the above.

Note:

We are prohibited by Australian law to employ illegal workers, therefore please have the required documentary evidence.

SECTION F

ACKNOWLEDGMENT

I hereby apply for employment with Galena Nominees Pty Ltd T/As Jason Signmakers, and am fully aware that if the information provided is false or misleading my employment may be terminated.

Applicant Signature

Date

SECTION G

**EMPLOYEE BANK ACCOUNT DETAILS
FOR ELECTRONIC FUND TRANSFER OF WAGES**

EMPLOYEES NAME: _____

BANK NAME: _____ **BRANCH:** _____

BSB CODE: _____ **BANK ACCOUNT NUMBER:** _____
(BANK CODE)

**I AUTHORISE JASON SIGNMAKERS TO PAY MY WAGES INTO THE ABOVE
BANK ACCOUNT**

SIGNED: _____

DATE _____

