



APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS:

Surname : _____

First Name: _____ Middle Name (s) _____

Phone Number: _____ Mobile Phone: _____

Address : _____

Suburb: _____ Post Code: _____

Email: _____

Date of Birth: _____

Are you an Australian Citizen? _____

If No Do you have a current Work Visa/ Permit? _____ Permit Number: _____

EMERGENCY CONTACT DETAILS

Surname: _____ First Name: _____

Relationship: _____

Address: _____

Phone Number: _____ Mobile Phone: _____

UNIFORM

Shirt Size (ie XL) _____ Pant Size: _____

MEDICAL INFORMATION

Please provide any information that may assist in your treatment in a medical emergency. **This information will remain confidential.** Some medications will alter drug tests and show as a positive to prohibited substances. (With a copy of your prescription when undertaking drug tests can avoid suspension pending further investigation)-

Please list any allergies you have (antibiotics, medicine, insect bites, food etc)

Please list

Have you had, or currently have any of the following?:

Heart Disease/Attack

Asthma

High Blood Pressure

Diabetes

Please detail any other information that may assist.

WORK HISTORY

Please complete or attach resume

Company Name: _____

Position Held: _____

Employment Date (From and To): _____

Main Duties / Responsibilities: _____

Supervisors Name and Contact Number: _____

Reason for Leaving: _____

Company Name: _____

Position Held: _____

Employment Date (From and To): _____

Main Duties / Responsibilities: _____

Supervisors Name and Contact Number: _____

Reason for Leaving: _____

QUALIFICATIONS (Please attach a copy of each with your application).

CURRENT DRIVERS LICENCE

Class (es) held		State Issued:	
Drivers Licence Number		Expiry Date:	

WHITE SAFETY CARD

Ticket Number		Issue Date:	
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WATERCART TICKET

Ticket Number		Issue Date:	
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Type of Card/Qualification/Cert eg Downer, WaterCorp etc	Number	Expiry Date

Please return the Tax File Number declaration form and Superannuation Fund details
Bank Account Details for pay

Account Name: _____

Bank: _____

BSB: _____ Account Number: _____

SUPERANNUATION FUND (please provide a copy of details from the fund)

Fund Name: _____

Fund ABN: _____ Fund USI: _____ Membership Number: _____

Contact details for fund: _____

DECLARATION BY APPLICANT

To the best of my knowledge, all information on this application is true and correct. I understand and give my authorisation for the company to verify any information in this application and accept that any false or misleading information may result in failure to employ or the termination of my employment.

I will have a 0.0 blood alcohol and no banned drugs while operating any Kevin's Water Cartage Equipment, and submit to daily or random testing.

SIGNED _____ DATE: _____