



## APPLICATION FOR EMPLOYMENT

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### 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: \_\_\_\_\_

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### EMERGENCY CONTACT DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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### UNIFORM

Shirt Size (ie XL) \_\_\_\_\_

**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)-

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

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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: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employment Date (From and To): \_\_\_\_\_

Main Duties / Responsibilities: \_\_\_\_\_

Supervisors Name and Contact Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**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: \_\_\_\_\_