

EMPLOYMENT APPLICATION FORM

Please complete all sections of this application form. If you require additional space to correctly complete the form, then attach extra sheets.

Position Applied For: _____ Date: ____/____/____
 (If known)

Personal Details

Family Name:	Given Name:
Address:	
Home Phone:	Mobile Phone:
Email:	

Current Qualifications

Qualification Title	Institution / Training Provider	Year Completed

Are you currently undertaking training or study? (Please circle) YES / NO

Course / program name: _____ Institution: _____

Please tick current tickets or licences & provide copies to us

Forklift	First Aid	Mobile Crane	Pressure Welding
Confined Space	Overhead Crane	Drive Licence	Construction Induction

Other – please specify: _____

List of Current Site Inductions

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Capability

List a summary of your capabilities or relevant work experience for the position being applied for.

Employment History

Please complete details of your last five years of employment.

Company	Position	When?	How Long?

Referees

Please provide details of work referees that you authorise the company to contact. If you have not been employed before, personal references will be acceptable.

Details	Referee 1	Referee 2
Name		
Company		
Position		
Phone		
Email		

What type of employment are you seeking? Full-time ☐ Part-time ☐ Casual ☐

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Medical History

To assist us in complying with our obligation to ensure a safe workplace and in order to enable us to determine whether applicants are able to safely and adequately perform duties required by the position, please provide details relating to your health. Have you been treated, or do you suffer from any of the following conditions? (Please circle)

Eye Trouble	Epilepsy	Asthma	Nerves, breakdowns
Deafness of any degree	Stress disorders	Skin Trouble	Injury to any part of the body
Duodenal Ulcer	Neck or back trouble	Any lung disorder	Surgical operation
Heath trouble	Sugar Diseases	Any Hernia (rupture)	Fainting, blackouts, dizziness
Sensitivity to chemicals	Asbestos Exposure	Are you on any medication	Suffer Allergies Or gases

It is a condition of employment that you will undergo a pre-employment medical.
 If you have ticked any of the above conditions, please provide the below details:

Type of condition:	When first Suffered:	Do you still suffer from this condition?
Any period of absence from work?	Who was your employer at the time?	Details of any compensation received?
Name of Doctor(s) consulted?		

Please answer the below questions: (Please circle)

1) Are you currently receiving any medical attention? YES / NO

2) Have you had any Compensation Claims requiring more than 1 week's absence from work?
 YES / NO - If yes please give details:

3) Have you made a claim for industrial deafness? YES / NO If so, what year _____

4) Do you have any impairment (physical, mental or medical) that may interfere with your ability to perform this job? YES / NO - If yes please give details:

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5) Some work environments may involve: working at heights, working in confined spaces, working in restricted areas, and working in a hot, wet and dusty environment. Do you have any conditions that may restrict or prevent your ability to work in these environments? YES / NO - If yes please give details.

6) Depending on work projects travel away may be required, if so, would you be available and willing?
YES / NO

DECLARATION BY APPLICANT

I understand that: -

- I shall work to the Varley conditions of employment.
- I shall work to the Varley QA and WHS procedures.
- I may be required to be available for shift work, out of normal hours work or reasonable overtime.
- The information I have provided is true, complete and correct.
- I may be subject to ongoing drug and alcohol testing as per Varley's policies and procedures.
- Should I be appointed, a breach of any of the above conditions may be reason for terminating my employment.

Applicant's signature: _____ **Date:** ____/____/____

Falsification or withholding any information relevant to this application could result in disciplinary action or termination of employment.

Please forward application to:
Human Resources Department
Email: recruitment@varleygroup.com