



# APPLICATION FOR EMPLOYMENT

POSITION APPLICATION FOR \_\_\_\_\_

## CONFIDENTIAL PERSONAL DETAILS

SURNAME ..... CHRISTIAN NAMES .....

HOME ADDRESS .....

SUBURB ..... POSTCODE .....

TELEPHONE NO HOME ..... MOBILE .....

DATE OF BIRTH ..... SEX: MALE / FEMALE .....

## EDUCATION

Name of School/Institution	Date Attended from	Date Attended to	Qualification or Trade

## EMPLOYMENT HISTORY

LAST EMPLOYER ..... POSITION HELD .....

REASON FOR LEAVING .....

Previous Employers Name & Address	Commencement Date	Termination Date	Position Held

## OTHER RELEVANT EXPERIENCE

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.....

**Medical History:** Applicant to complete

<b>Have you ever suffered from any injury/disease/illness?</b> Please give details		
<hr/> <hr/> <hr/>		
<b>Are you currently taking any form of medication?</b> If YES, state reason and medication prescribed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/> <hr/>		
<b>Have you ever claimed Workers' Compensation?</b> If YES, please give details of every claim.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<hr/> <hr/> <hr/>		
<b>Are you prepared to have a pre-employment medical Including drugs and alcohol testing?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Do you agree to work overtime if required?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Are you interested in shift work?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**REFEREE'S**

NAME	TITLE	BUSINESS	CONTACT NO

**DECLARATION:**

I certify the above information given by me is correct in every detail. Furthermore, I understand that any false statements will be considered sufficient cause for my rejection as an applicant, or my dismissal if employed.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**COLLECTION STATEMENT**

The purpose of collecting your personal information is to determine your suitability for employment. Your details are confidential and will not be used or disclosed for any other purpose. Photocopies or faxed copies of this form will not be accepted. This form will be destroyed after three months from the date it is received unless an offer of employment has been made and accepted. A copy of our detailed Privacy Statement is available on request from the address below.

Please return to the Human Resources Manager, D'Orsogna Limited  
Palmyra Delivery Centre, PO Box 2005, Palmyra WA 6961