Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Details:**

Mr Mrs Ms Miss

Given Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post code:\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

# **Education / Qualifications**

Please list any technical, tertiary qualifications and/or special skills, training or course currently undertaken or completed.

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| --- | --- | --- |
| Year:From – To | Name of School or training Institution | Standard Attained/ Qualification |
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| Other relevant qualifications, trade skills or certificates |
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# **Employment History**

Please start with your present or most recent employment and work backwards.

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| --- | --- | --- | --- |
| Employer | Dates | Position | Reason for Leaving |
|  | To | From |  |  |
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# **Referees:**

Please give the name, address and telephone number of two work related referees who have supervised you.

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **Convictions:**

A criminal conviction does not automatically exclude you from consideration for employment. Applicants who have a record of conviction are invited to discuss its relevance or otherwise to the position being applied for, at the interview.

1. Have you ever been convicted of any offense in any court, either with in Western Australia, in another state or territory, or another country? *If yes please give details.*

Yes No

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2. Are you currently the subject of a charge pending before any court?

*If yes please give details.* Yes No

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# **Health:**

Disclosure of medical considerations or restrictions does not necessarily exclude an applicant from consideration for employment.

1. Do you have any health related problems, disabilities or injuries that may affect your performance in this position or the safety of others?

*If yes please give details:* Yes No

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2. Have you in the past or are you suffering from any of the following:

Back injury No

Shoulder and/or neck injury

Wrist and/or elbow injury

Knee and/or ankle injury

*If yes please give details:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Are there any duties of the position that you have applied for which you are unable to perform due to health problems?

*If yes please give details* Yes No

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**Workers Compensation**:

Failure to provide information may jeopardize your rights to workers compensation if a pre-existing disability is aggravated at work (Section 79 of the workers Compensation and Rehabilitation Act 1981)

1. Have you ever claimed worker’s compensation or are you currently receiving worker’s compensation Payments.Yes No

Please provide details or any previous or current medical condition or restriction, physical or otherwise arising from a workers compensation claim, which may affect your ability to perform the essential requirements of the job.

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| --- | --- | --- | --- |
| Date of Accident | Name of Employer | Type of Injury | Status of Claim |
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**Declaration:**

1. I declare that all information provided in this application is true in all respects.
2. I understand that any misrepresentation of facts in this application could be cause for termination, if employed.
3. I consent to any reference checks, which may be necessary to support this application.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_