



ABN 34 610 461 651

## EMPLOYMENT APPLICATION

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Nationality: \_\_\_\_\_

Driver's Licence #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

White/Safety Card #: \_\_\_\_\_

Long Service Leave Scheme #: \_\_\_\_\_

Redundancy Fund #: \_\_\_\_\_

**Licenses, certificates & permits currently held (copies must be supplied with application)**

TYPE	√	DETAILS	ISSUED IN WHICH STATE	# OF YEARS HELD
Tradesman				
First aid				
Dogman				
Rigger				
Scaffolder				
Elevated work				
Operator				
Other ?				

Were you referred?    Yes ☐    No ☐    By whom? : \_\_\_\_\_

Are you legally entitled to work in Australia?    ☐ Yes ☐ No

Have you ever been employed under another name?    ☐ Yes ☐ No

If 'Yes', what name? : \_\_\_\_\_

DO YOU	Yes	No	WILL YOU	Yes	No
Read drawings and/or Specifications	<input type="checkbox"/>	<input type="checkbox"/>	Handle machine tools	<input type="checkbox"/>	<input type="checkbox"/>
Have all your own Tools of the trade	<input type="checkbox"/>	<input type="checkbox"/>	Work shifts	<input type="checkbox"/>	<input type="checkbox"/>
Fix suspended ceilings	<input type="checkbox"/>	<input type="checkbox"/>	Work out of the metropolitan area	<input type="checkbox"/>	<input type="checkbox"/>
Flush suspended ceilings	<input type="checkbox"/>	<input type="checkbox"/>	Work at heights	<input type="checkbox"/>	<input type="checkbox"/>
Do cottage work	<input type="checkbox"/>	<input type="checkbox"/>	Work overtime if required	<input type="checkbox"/>	<input type="checkbox"/>
Fix partitions	<input type="checkbox"/>	<input type="checkbox"/>	Wear protective clothing	<input type="checkbox"/>	<input type="checkbox"/>
Cut & fix cornice - plaster/cove	<input type="checkbox"/>	<input type="checkbox"/>	Observe site regulations	<input type="checkbox"/>	<input type="checkbox"/>

### EMPLOYMENT HISTORY - Last Three (3) employers

FROM	TO	EMPLOYER	ADDRESS	WHICH PROJECTS

Have you previously been employed by this Exicon Services? Yes ☐ No ☐

If so, please state where and for what period? : \_\_\_\_\_

If offered work, when could you commence? : \_\_\_\_\_

### MEDICAL HISTORY

1) What is your present and general state of health? : \_\_\_\_\_

2) How many sick days have you taken in the last six months? : \_\_\_\_\_

3) Have you ever suffered any illness, weakness or disease of the heart, arteries or skin? Yes ☐ No ☐

If YES, give full details: \_\_\_\_\_

\_\_\_\_\_

4) Do you take any medication for any sickness that could affect your mental alertness? Yes ☐ No ☐

If YES, give full details: \_\_\_\_\_

\_\_\_\_\_

5) Do you suffer any impairment or loss of...?

HEARING: Yes ☐ No ☐ Last Hearing Test (date): \_\_\_\_\_

SIGHT: Yes ☐ No ☐

If you have answered yes to either, please give details: \_\_\_\_\_

## WORKERS COMPENSATION HISTORY

Have you ever made a claim for workers compensation? Yes ☐ No ☐

INJURY DATE	EMPLOYER	PERIOD OF DISABLEMENT	LUMP SUM PAYOUT	NATURE OF INJURY OR DISEASE

## WORKER'S DECLARATION

1. I hereby declare that all information provided by me in this application is true to the best of my knowledge and I accept that any false declaration or statements shall render my application invalid or shall render me liable for instant dismissal.
2. I fully understand that if any answers above do not disclose a physical or mental condition from which I have previously suffered, I will, if that condition is an industrial disease, be disqualified from receiving compensation under the WORKER'S COMPENSATION AND ASSISTANCE ACT 1983 (as amended from time to time in respect of any aggravation, acceleration, exacerbation, deterioration or recurrence of such condition.
3. I agree to have pre-placement medical examination at company cost if required.
4. I further recognize that acceptance of this application creates no obligation on any organization or person to provide me work.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## PAYMENT BANK DETAILS

Branch: \_\_\_\_\_

Bank: \_\_\_\_\_

BSB: \_\_\_\_\_

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