



Application for Employment

Position Applied For:

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First Name: Last Name:

Address: Postcode:

Home Phone: Mobile:

Date of Birth: Age:

Driver's License No.: State: Class: Expiry Date:

Tax File Number:

Physical Health History

IMPORTANT: Section 79 of the Workers' Compensation and Rehabilitation Act 1981
"Where it is proven that the worker has, at the time seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from disability, a dispute resolution body may in it's discretion refuse to award compensation which otherwise would be payable"

Please specify any pre-existing medical conditions/injuries/claims which may affect work:
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Do you suffer from any back, neck, shoulder, knee complaint? Yes / No

If yes, give details:

- Are you required to take any medication which may:
- Affect your work performance? Yes / No
 - Affect your attendance at work? Yes / No
 - Would you be willing to take a medical exam? Yes / No
 - Would you be willing to take a drug and alcohol test? Yes / No

Details of Previous Work

Dates

___/___/___ to ___/___/___

Company:

Position:

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Reason(s) for leaving:

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Dates

___/___/___ to ___/___/___

Company:

Position:

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Reason(s) for leaving:

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Have you been previously employed at City Farmers? Yes / No

Would you be willing to supply a Police Clearance (criminal / driving record)? Yes / No

Personal References

Company	Contact Person	Position	Contact Number

Statement

In signing this Application for Employment, I acknowledge that any misinterpretation of facts is sufficient for dismissal.

Signature:

Date:

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