

## EMPLOYMENT APPLICATION FORM

### IMPORTANT NOTICE

All sections of this employment application form are to be completed for your application to be considered. Where not applicable, please write N/A.

Photocopies of documents supporting this employment application form are required. For example; resume, certificates, current licenses, current driver's medicals.

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

### **Personal Details**

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

D.O.B: \_\_\_\_\_

No. of years Driving Experience: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Class of License: \_\_\_\_\_

Have you ever held a license in another state or under another name? \_\_\_\_\_

If yes please provide details: \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Home Telephone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Health**

Do you have any disabilities, which could impact your job safety, attendance, or work performance? **Yes/ No**

If yes please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you required to take regular medication, which could impact your job safety, attendance, or work performance? **Yes/ No**

If yes please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT APPLICATION FORM

### Employment History

Please cover the last five years of present and past employment. Month and year required.

1. Period of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Employer's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Supervisors name: \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_
2. Period of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Employer's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Supervisors name: \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_
3. Period of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Employer's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Supervisors name: \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_

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Have you ever had any accident, fire or theft happen to a vehicle under your control or made a claim under a motor policy? **Yes/ No**

If yes give details below:

<b>Date of accident</b>	<b>Insurance Company</b>	<b>Details of Accident</b>
.....	.....	.....
.....	.....	.....
.....	.....	.....
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Have you ever been charged with an offence in connection with the care, control management or use of a motor vehicle or had a driving license suspended, endorsed or cancelled? **Yes/ No**

If yes give details below:

<b>Date of charge</b>	<b>Nature of Charge</b>	<b>Penalty</b>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**EMPLOYMENT APPLICATION FORM**

Have you ever been reported for or charged with or convicted of alleged drunkenness or alleged possession of drugs? **Yes/ No**

If yes give details:

<b>Year</b>	<b>Offence</b>	<b>Details</b>
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.....		
.....		
.....		
.....		

Have you ever been charged with or convicted of an alleged criminal offence? **Yes/ No**

If yes give details.....  
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.....  
.....

**EMPLOYMENT APPLICATION FORM**

Do you have a current forklift license?.....

Dangerous goods license?.....

First aid certificate?.....

MISC Card?.....

Trade Certificates?.....

Other Certificates & Qualifications?.....

Have you ever submitted a Workers Compensation Claim or any disability claims whatsoever?  
If yes give details, including an approximate date, name of employer, nature of claim and duration period of claim.

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.....

Any major alteration to your driver's license must be notified otherwise indemnity under our insurance policy may be void.

If you breach this condition all such damage will be your (the employee) responsibility.

We the employer have the right of recovery.

**IMPORTANT NOTICE**

Section 79 of the Workers Compensation and Rehabilitation Act 1981 gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable. Where it is proved that the worker had, at the time of seeking or entering employment willfully and falsely represented himself as not having previously suffered from the disability, the subject of the claim for compensation.

Applicants signature.....Date.....

**Declaration of Applicant**

- a) I agree to abide by Safety Standards and Policies, which may apply.
- b) I declare that all information supplied by me is true and correct and that any false information will render the application void or may result in termination of employment.
- c) I agree to allow and authorize FMC Pty Ltd to comprehensively check my working history.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note this application for employment is accepted without prejudice and should not be considered as an offer of employment. Application will be valid for 30 days.

**Interviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EMPLOYMENT APPLICATION FORM

### BANK DETAILS

Name of Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

### SUPERANNUATION

Name of Super Fund: \_\_\_\_\_

Account Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Fund Mailing Address: \_\_\_\_\_

**Please Note:** If you do not already have an existing superannuation fund you may elect to use ALLWEST TRANSPORT default superannuation fund, 'Westscheme.' Please fill out the enclosed Choice of Superannuation Fund- Standard Choice Form enclosed in your employment package, if you choose to use 'Westscheme.'