

Application for Employment

PERSONAL INFORMATION	
Surname/ Family Name	
First Name(s)	
Street Address	
Email Address	
Mobile Number	

LEGAL WORK STATUS		
	YES	NO
Are you legally entitled to work in Australia?		
<i>If yes, are you:</i>		
An Australian Citizen		
A Permanent Resident		
A holder of a current worker permit		
If you hold a working visa, what type is it?		

POSITION APPLYING FOR	
What position are you applying for?	
If you are applying for a trades/ project management role, please complete the skills form below.	

RECENT WORKING HISTROY			
Name of current or most recent employer			
Position Held		Dates Employed	
Employer 2			
Position Held		Dates Employed	
Employer 3			
Position Held		Dates Employed	

TRAINING/ QUALIFICATIONS	
<i>Give detail on qualifications suited to the role you are applying for e.g. Construction Induction Card, Rigging and Dogman etc..</i>	
Training/ Qualification	Year Studied/ Qualified

LICENSES		
	YES	NO
Victorian Driver’s License		
Victorian WorkSafe Accredited High Risk License		
<i>High Risk License Number</i>		

*Send photo of Victorian Driver’s License and Victorian WorkSafe Accredited High Risk License with your application form and Resume to info@qsw.net.au.

DRUG AND ALCOHOL TESTING AND MEDICAL INFORMATION		
	YES	NO
Have you ever been convicted of driving under the influence?		
If you are offered employment, you may be asked to undergo a pre-employment drug and alcohol test.		
If required to do so, do you consent to undergo a pre-employment drug and alcohol test if you are offered employment?		
Do you have or, previously had, any health – related issues that may impact your ability to effectively perform the role you have applied for?		
If yes, please provide details		
If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying.		
If required to do so, do you consent to undergo a medical examination if you are offered employment?		
Are you allergic or have sensitivity to any substances or chemicals?		
Do you have any hearing disability or impairment?		
Have you had a significant back injury?		
Do you require glasses for reading, work or driving?		
In the past have you ever been exposed to:		
	Noise	
	Asbestos	
	Toxic Metals	
	Solvents	



REFERENCES			
Name		Company	
Position		Phone	
Name		Company	
Position		Phone	
Name		Company	
Position		Phone	

Name: _____

Signature: _____

Date: _____