



Job Application Form

Date: _____

Full Name: _____

Contact Details: _____

Do you have your own transport? Yes No

Do you have a forklift /crane licence? Yes No

Do you have any other licences? _____

Employment History

Are you currently employed? Yes No

How much notice do you need to give your current employer/ from when are you available?

Previous Employment

	Employer	Position/Role	Period From - To
1			
2			
3			

Please give names and contact numbers of two referees, (not family members).

1. _____

2. _____

Have you ever had cause to make a workers compensation claim?

Yes No

Do you currently have an outstanding workers compensation claim?

Yes No

If yes to either of the above please provide details including nature of injury and area or part of the body affected.

Do you have any previous experience in metal fabrication?

For example - use of hand tools, machine operation, welding, oxy cutting, plasma cutting.

HEALTH RECORD

Have you ever had an accident or serious illness either work related or personal?

Do you have any health problems?

Do you take any medications? Please list.

GENERAL

Have you previously applied for employment here? YES/NO

Have you been discharged from employment due to your conduct? YES/NO

Have you ever been convicted of a crime? YES/NO

Do you have any objections to us seeking verification of information with this application? YES/NO

DECLARATION

I authorise Pollards Galvanizing Pty Ltd to secure any information regarding myself. I hereby release any person, firm or institution of all liability for any damage whatsoever issuing from such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false statement or dishonest answer to any question in this application will be regarded as misconduct and will be ground for dismissal from employment.

Applicants Signature: _____

Date: _____