

EMPLOYMENT APPLICATION

For Office Use Only

Recommended: _____ Classification: _____
 Managing Director: _____ ROP: _____

IMPORTANT, PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS APPLICATION FORM

- Completion of this form is NOT an offer of employment; it is an application FOR employment listing certain details of your employment experience / qualifications for consideration.
- This application is confidential and should be completed by the applicant
- Please mark your answer X to all yes / no questions
- Please print clearly your responses to all questions

POSITION APPLIED FOR				
1	DATE OF APPLICATION			
		Day	Month	Year
2	PERSONAL DETAILS			
2.1	Name			
	Mr / Ms / Mrs / Miss			
	Surname			
	Given Names			
	Preferred Name			
2.2	Home Address			
	Number and Street			
	Suburb			
	State & Post Code	State	Post Code	
2.3	Telephone Numbers	Home	Work	Mobile
2.4	Email Address			
2.5	Citizen			
2.5.1	Are you an Australian Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.5.2	If yes, can you produce evidence if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	QUALIFICATIONS & EXPERIENCE			
3.1	Apprenticeship. Please list trade apprenticeship completed (if applicable)			
	Trade	Date Completed		
	Name and address of employer where you served your apprenticeship			
	Name	Address		

3.2 Other Trade Qualifications. Please list other trade qualifications (ie. Trade Certificate, Advanced Trade Certificate, etc)
 Trade Date Completed

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3.3 Other Qualifications

3.3.1 Please list any other qualifications / courses attended that are relevant to the position you are applying for.
 Qualifications/Courses Date Completed

3.3.2 Please list any other qualifications / courses attended that are relevant to the position you are applying for.
 Qualifications/Courses Date Completed Expiry Date

3.4 Skills & Experience. Please provide a short summary of your skills and experience.

3.5 Do you have a safety training accreditation? Yes No
 If yes, please give details

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3.6 Have you been a member of a Safety Committee? Yes No
 If yes, please give details

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LANGUAGES

4 Can you speak any language other than English? If yes please list Yes No
 language/s

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5 EMPLOYMENT HISTORY (last 10 years only)

5.1 Current or Most Recent Employer From month/ year To month/ year

Company

Address

Position Held

Duties

	Phone	
	Location	

5.2 Previous Employer	From month/ year		To month/ year	
Company				
Address			Phone	
Position Held			Location	
Duties				

5.3 Previous Employer	From month/ year		To month/ year	
Company				
Address			Phone	
Position Held			Location	
Duties				

5.4 Previous Employer	From month/ year		To month/ year	
Company				
Address			Phone	
Position Held			Location	
Duties				

6 DO YOU HAVE SECONDARY EMPLOYMENT? Yes No

If yes, please specify

7 REFERENCES (optional)

Please note, referees details will be required prior to any successful application.
You may, however, wish to list your referees now or the Company will contact you if required.

Name of Referee	Company	Position	Telephone No.

8 GENERAL

8.1 Are you prepared to undertake skills and competency testing as part of your application? Yes No

8.2 Are you prepared to work shifts, if requested to do so? Yes No

8.3 Are you prepared to work overtime if required? Yes No

8.4 Are you prepared to undertake skills training during employment? Yes No

8.5 Are you prepared to work at heights if required? Yes No

- 8.6 Are you prepared to work in confined spaces if required to do so? Yes No
- 8.7 Are you prepared to abide by all safety Rules? Yes No
- 8.8 Do you have any relatives or know any person/s currently employed by this company? Yes No

If yes, whom?

9. MEDICAL

In order for your application to be considered for employment, you **MUST** complete the attached Pre-Employment Health Questionnaire

- 9.1 Do you agree to complete the Pre-Employment Health Questionnaire Yes No
- 9.2 Do you agree to undergo a pre-employment medical health examination? Yes No
- 9.3 Do you agree to undertake a pre-employment drug and alcohol test? Yes No

10 SUPPORTING DOCUMENTATION

Please provide (where applicable) copies of the following documents

- Apprenticeship papers
- Proof of certificates, licences and tickets held
- Trade papers
- Other courses

11 NOTICE

If your application is successful, please indicate when you could commence employment

Day	Month	Year
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12 DECLARATION

Do not sign this declaration unless you clearly understand it. If in doubt, please contact our office on (07) 5594 7322. Please ensure you have answered all questions. This application expires 12 months after receipt.

Declaration (please print full name)

I, Declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be considered for employment, or if I am employed, my employment will be immediately terminated.

Signed

Date

THE APPLICANT'S ATTENTION IS DRAWN TO THE FOLLOWING CONDITIONS

- All Rimco facilities are alcohol and drug free working environments.
- Smoking restrictions apply in all Rimco workplaces.
- Rimco complies with all applicable Anti-Discrimination, Equal Employment Opportunity and Privacy legislation.

PRIVACY and PERSONAL INFORMATION STATEMENT