

APPLICATION FOR EMPLOYMENT



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1. POSITION APPLYING FOR: _____

2. PERSONAL DETAILS

2.1.

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Date of Birth:	
Surname:	Home Ph:	
Given Names:	Mobile Ph:	
Address:		
	Post Code:	
Email:		
Please indicate your legal work status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Current Working Visa <i>(If you are not an Australian resident, please provide copies of your immigration visa which allows you to work in Australia)</i>		
Are you of Aboriginal or Torres Strait Islander descent? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. QUALIFICATIONS

Resume attached: Yes No

3.1.

School (Level Attained):			
TAFE Course Completed:			
Trade Certificates (Held):			
Other Certificates /Licenses:			
Driver's License No:		Expiry Date:	
First Aid Certificate: (level)			
Union Membership:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Union Name:	

4. EMPLOYMENT HISTORY

Please provide full details; starting from your current or most recent employment for the last 5 years including any periods of unemployment.

Do you have any objections to your current employer being contacted? Yes No

4.1.

Current Employer:		Phone No:	
Employed From:	To:	Position Held:	
Project or Address:			
Supervisors Name:		Reasons for Leaving:	

4.2.

Current Employer:		Phone No:	
Employed From:	To:	Position Held:	
Project or Address:			
Supervisors Name:		Reasons for Leaving:	

4.3.

Employer:		Phone No:	
Employed From:	To:	Position Held:	
Project or Address:			
Supervisors Name:		Reasons for Leaving:	

4.4.

Employer:		Phone No:	
Employed From:	To:	Position Held:	
Project or Address:			
Supervisors Name:		Reasons for Leaving:	

4.5.

Employer:		Phone No:	
Employed From:	To:	Position Held:	
Project or Address:			
Supervisors Name:		Reasons for Leaving:	

4.6. List any other relevant referees that are not stated above:

1	Full Name		Contact Ph:	
2	Full Name		Contact Ph:	
3	Full Name		Contact Ph:	

5. WORK EXPERIENCE

5.1. Provide a brief summary of your work experience:

6. VALUE

6.1. What value do you think you would bring to the site/company?

7. MEDICAL

7.1. Do you have any medical condition, physical disability which could prevent you from?

Working at height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in dusty /dirty conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in harsh climatic conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in a cramped position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heavy lifting activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performing other general scaffolding activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered "Yes" to any of the above, please detail condition, disability or reason below:		
Have you sustained any work related injuries or received Workers Compensation in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" please give details (ie nature and extend of injuries, date incurred etc):		

8. ARE YOU PREPARED TO:

8.1. Comply with the Safety Rules and Regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work to the full extent of your competence and capability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comply with the company's Equitable Treatment System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comply with company's/project security requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work within the scheduled hours of work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work additional time if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing to participate in company or site Fitness for Work Drug and Alcohol testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8.2. AVAILABILITY TO COMMENCE WORK:

If considered for employment, when are you available to commence work?

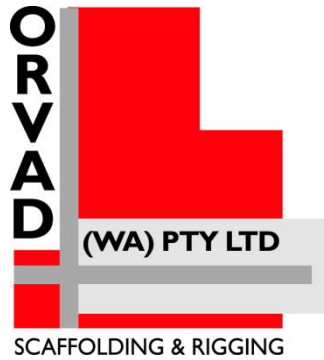
Date: _____

9. DECLARATION

I _____ understand that any false or misleading information stated on this form will render my employment registration void. If employed, such falsification or misinformation may result in termination of my employment.

Signed: _____ Date: _____

OFFICE USE ONLY:	
Date Received: _____	Received By: _____
Date Processed: _____	Processed By: _____
Comments: _____	



AUTHORISATION FOR PRE-EMPLOYMENT/PRE-SITE ACCESS/MEDICAL EVALUATION/FITNESS FOR WORK

I accept that as part of my “Application for Employment” for Orvad (WA) Pty Ltd access to a site or project or throughout my employment I may be subject to a Medical Evaluation examination or Fitness for Work Drug and Alcohol testing.

I understand that this evaluation will involve a Screen for illegal Drugs and Alcohol may include an X-ray, in addition to other medical testing.

I understand that the Medical Evaluation will be arranged on my behalf by the Orvad administration, and performed by a Doctor or an Occupational Health Nurse at no cost to myself.

I understand that the detailed results of the evaluation will remain confidential, and should I be assessed as medically unsuitable or restricted I will have an opportunity to discuss the results with a nominated Medical Officer if I so desire. I have read and clearly understood the attached explanation regarding the Medical Evaluation procedure.

I further release the Project Contractors’ and the provider of these medical services from any claims, damages or liabilities of any kind which may arise from the Medical Evaluation examination. I hereby authorise the release of the details results of this examination to the Project Nominated Medical Officer.

I also authorise the release of limited information from the examination to my prospective employer as to whether I am assessed as SUITABLE, SUITABLE WITH RESTRICTIONS or UNSUITABLE in relation to capacity for work.

I understand that should I be assessed as “SUITABLE WITH RESTRICTIONS”, my prospective employer will be notified as to the nature of those restrictions.

I consent to participate in the Medical Evaluation and understand that if I do not obtain a suitable result from evaluation at this stage, I will not be considered for an offer of employment.

I consent to participate in any company or site Drug and Alcohol Fitness for Work testing and refusal to participate in any testing requested will be treated as a positive result.

Signed

Print Name

Date