

CONFIDENTIAL

Application for Employment

Position Applied For	
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Personal Information			
Family Name			
Given Names			
Address			
City		State	Postcode
Telephone	Home ()	Mobile	
Email			
Are you legally entitled to work in Australia?	Yes	No	
Are you an Indigenous Australian?	Yes	No	
Do you hold a current Driver's Licence?	Yes	No	
Licence Number		Class	
Date available to commence employment			

Please answer the following			
Do you have any physical disability/medical condition? If yes, give details. These are to be provided to the Company Doctor for the pre-employment medical assessment to assess if the condition could adversely affect your ability to perform the duties.	Yes	No	
Do you take any prescription medication which may impact your ability to perform the requirements of the position in a safe manner? (medication that causes drowsiness) If yes, please give details:	Yes	No	
Do you agree to undergo a medical examination to assess your fitness to perform the inherent requirements of the position?	Yes	No	
Are you a smoker?	Yes	No	
Are you aware of any circumstances which might affect your long-term employment or hinder your ability to satisfactorily perform in the position?	Yes	No	

Education				
Schools, Colleges and Universities Attended	Dates		Full Time or Part Time Study	Qualification Obtained
	Start	Finish		

Additional Training / Courses Undertaken	
Date	Training or Course Name

Personal Interests and Hobbies	
Hobbies, Interests	Membership of Relevant Bodies / Associations

Most Recent Employment History						
Employment	From		To	Currently Employed	Yes	No
Your Position Title				Industry Type		
Company Name						

CONFIDENTIAL

Company Address			
City		State	Postcode
Telephone	Office ()		
Email			
Reason for Leaving			

Key Responsibility in your Role

From your previous role list your main accountabilities - the duties that made up your role.	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

COMPLETE SECOND EMPLOYMENT HISTORY IF APPLICABLE

Most Recent Employment History

Employment	From		To	
Your Position Title				Industry Type
Company Name				
Company Address				
City		State	Postcode	
Telephone	Office ()			
Email				
Reason for Leaving				

Key Responsibility in your Role

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3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Business Referees

Previous Immediate supervisors are required, if possible.				
1. Referee Name		Position Title		
Company Name				
Address				
City		State	Postcode	
Telephone	Phone ()	Mobile		

CONFIDENTIAL

Email			
2. Referee Name			
2. Referee Name	Position Title		
Company Name			
Address			
City	State	Postcode	
Telephone	Phone ()	Mobile	
Email			

Disclaimer

Authority to Conduct Reference Checks

In consideration of Capability Resources' evaluation of my suitability for employment, I hereby authorise the Company to perform all checks of my credentials as allowed by law including, but not limited to, discussions with: supervisors, co-workers, friends, business associates, or other individuals that the Company, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I agree not to assert any claims or causes of action of any kind against the Company, its agents, its employees, or any individual contacted by the Company, arising out of the Company's enquiries.

I further release and forever discharge the Company, its agents, its employees, and the individuals and Companies contacted by the company as part of its enquiries, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's enquiries of my credentials.

I acknowledge that the Company has made no representations of any kind as to whether employment will be offered at the conclusion of its enquiries.

Consent to Undergo Medical Assessment

I acknowledge and agree that in order for my Application for employment to be further considered by the Company I shall undergo a medical assessment to determine my fitness to perform the inherent requirements of the position applied for.

I agree that the information provided in this Application form in respect of my physical and/or mental fitness to perform the inherent requirements of the position applied for may be provided to a Company Doctor for the purposes of the medical assessment.

I consent to the report on the medical assessment completed by the Company Doctor to be released to the Company.

Use and Storage of Your Personal Information

I acknowledge that the personal information I provide in this Application may be used in connection with my work placement, performance appraisals, medical assessments, identification of training needs, any workplace rehabilitation and the management of any complaint, investigation or inquiry in which I am involved.

I acknowledge that personal information provided to the Company will be retained and maintained in accordance with relevant legislation. Where the personal information is no longer required it will be disposed of appropriately to ensure privacy is maintained.

Accuracy of Information Contained in Application

I certify that the information contained in the above application is true and correct. I acknowledge that providing false or misleading information in this application may result in my dismissal.

Applicant's Signature	Date Completed
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