

Employment Application

APPLICANT INFORMATION			DATE OF APPLICATION
Last Name		First	
Home Address			
State	Post Code	Date of Birth	
Phone	E-mail Address		
Mobile	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Mailing Address (if different from above)			
		State	Post Code
Position Applied for			
Are you an Australian Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Place of Birth
Are you an Australian Permanent Resident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have permission to work status? YES <input type="checkbox"/> NO <input type="checkbox"/>
Visa Class	Sub Class	Expiry Date	
Have you previously worked for Action Industrial Catering	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Reason for Leaving			

DRIVING LICENCE			
Do you hold a current WA Manual Driver's Licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other? Give details
Licence Number	Class/s	Expiry Date	
Have you ever had your licence suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date
If Yes please give details			
Have you ever had a driving conviction involving Alcohol / Drugs	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date
If Yes please give details			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Are you a member of any Reserve Military Force?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes which service
What date were you transferred to the reserve?	What date does your reserve cease?

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	

QUALIFICATIONS
Please List any Educational or Trade qualifications
1
2
3
4
5
6

FAMILY	
Marital Status	
Number of Children	Ages
Is your family Perth based? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If successful in gaining employment, do you do you intend to relocate your family? YES <input type="checkbox"/> NO <input type="checkbox"/>	

NEXT OF KIN	
Name	Relationship
Address	
State	Post Code
Home Telephone Number	Work Telephone Number
Mobile Number	Email address

Name	Relationship
Address	
State	Post Code
Home Telephone Number	Work Telephone Number
Mobile Number	Email address



PREVIOUS EMPLOYMENT – THREE PREVIOUS EMPLOYERS REQUIRED

1.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	Hourly Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Name of Contact	

2.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	Hourly Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Name of Contact	

3.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	Hourly Rate \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Name of Contact	

MEDICAL HISTORY

Do you have, or have you ever had, any medical or health issues which may impact on your ability to undertake the required duties if employed by AIC?
 If so please provide a brief description of the issue and how it can be appropriately managed.

1

2

3

Do You have any allergies?		Do they Require Medication?	
Have you ever made a Workers Compensation Claim?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Date of Claim	
Length of time off work	Treatment received		
If Yes please give details			
Have you ever received a lump sum settlement?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		From Insurer YES <input type="checkbox"/>	From Company YES <input type="checkbox"/>
If Yes please give details			



CERTIFICATES & DOCUMENTS			
Have you completed any of the following:			
MARCSTA	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Blue Card (Construction awareness)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Senior First Aid	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Mine Health Surveillance Medical	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Four Wheel Drive Course	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number
Fork Lift	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed	Certificate Number

POLICE CLEARANCE & CRIMINAL RECORD		
Have you completed a WA Police Check in the last 6 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed
Have you been convicted of a criminal offence in the past 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If Yes please give details		
Have you been resident in New Zealand in the past 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you completed a Priv/F1 or F2 (NZ criminal convictions form)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Completed
Did you complete this application yourself?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Conditions of Employment

In order to ensure the suitability of the person for our requirements and to ensure that the employee is satisfied in the position, it is the policy of Action Industrial Catering Pty Ltd (AIC) to put each new employee on a probationary period.

I understand that, unless otherwise stated in employment agreements, positions are initially for a 3-month probationary period during which time either party may terminate in accordance with said employment agreement. As sites are FIFO it may be a requirement to complete the current swing, I understand I may be liable for any and all costs associated with leaving site on a day or date that falls outside a normal swing.

I understand that as a condition of employment I will be required to undergo a medical examination by a nominated medical officer. Further I understand that prior to employment and at any time during employment with AIC I will be required to take an alcohol and/or drug test as required by AIC and any client company AIC is contracted to.

I hereby affirm that all information given by me in this application for employment is true and correct and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application. I understand that if considered for employment, the information provided in this application and my employment and personal history may be subject to investigation by AIC and I hereby authorise such an investigation to be made. If employed, I understand that I shall be subject to the company's regulations. I further affirm my understanding that in the event I am employed by the company my employment or any assignment during said employment shall be governed by applicable Australian law and Company policy and shall constitute that my employment may be terminated at any time without notice if it is proven by the company that I have knowingly misstated any facts above or if I have knowingly withheld facts or circumstances that would, if disclosed, affect my application.

As a consequence of you completing this employment application Action Industrial Catering Pty Ltd (AIC) will collect personal information about you, directly from you. This information is collected to assess your suitability for employment with AIC. It is not mandatory for you to provide all of the information requested, but if you do not it may affect our ability to assess your application for employment and therefore appointment with our company.

Signature of Applicant:	Date:
I acknowledge all information in this employment application is true and complete YES <input type="checkbox"/>	

Witness on receipt by Human Resources Department:	Date:
Name	Signature

