



### Employment Details

Employers Name and Address	From	To	Position held, Description of duties, equipment used and level of responsibility

### Employment Refereences

Name of Referee	Their Position	Company	Phone Number

To ensure that we are able to provide you with a safe working environment, it is important that we are aware of any pre-existing medical condition, injury or illness which may affect your capacity to safely perform your duties. All roles may be required at times to perform tasks of the following nature:

Manual handling (e.g lifting, pushing, carrying and pulling heavy items).

Standing and sitting for long periods of time.

Administrative functions (e.g telephone, typing, filing, completing paperwork).

If there are any conditions which you believe may prevent you from performing the inherent requirements of the role you are applying for, or you believe we should be aware of, please provide details:


I certify that the information contained in this application is true and correct and in making this application, agree subsequently appointed to be bound by the terms and conditions of employment in respect to company regulations and industrial awards. Under the Accident Compensation Act, failure to disclose a pre existing medical condition, illness or injury or providing false or misleading disclosure may jeopardise your entitlements for Workers Compensation. If appointed, I acknowledge that my employment is subject to a three month probationary period and that I may be required to work weekends and public holidays and further acknowledge that any false or misleading information on this application form could result in dismissal. I also grant permission to contact previos employers regarding my employment history and performance.

Signed

Date