



Quality Pressing, Rolling & Fabrication

APPLICATION FOR EMPLOYMENT

Fax to 9351 9453 or email to careers@pedco.com.au

Date of application: ____ / ____ / ____

First Names:

Last Names:

Position Sought:

COMPLETE ALL INFORMATION NOT INCLUDED ON YOUR RESUME

1. PERSONAL DETAILS

Address:

Postcode:

Phone (Home):

Phone (Mobile):

Email:

Date of Birth (Required if under the age of 18): / /

Do you have a current driver's license? Yes / No License Number:

Do you have a Current forklift license? Yes / No Licence Number:

If no - Can you drive a forklift? Yes / No

Specify any other licenses?

2. EDUCATION

(Certified copies of highest qualifications should be attached including current registration/trade certificate if appropriate)

	INSTITUTION	GRADE ATTAINED	YEAR
SECONDARY:			
TERTIARY:			
APPRENTICESHIP:			
CERTIFICATES/DIPLOMAS/TRADE CERTS			
OTHER RELEVANT QUALIFICATIONS:			

3. EMPLOYMENT HISTORY

(Most recent Position Held First)

EMPLOYER	POSTION HELD	FROM/TO	REASON FOR LEAVING

Please provide a brief list of skills and extra details: *including memberships, languages, first aid qualifications*

Please describe your available work hours:

Does the above represent your current working hours? Yes / No

If required are you able to work outside regular hours? Yes / No

Date you would be able to commence employment? / /

Are you legally permitted to work in Australia? Yes / No
(Please attach any relevant documentation and visas as necessary)

4. REFERENCES

(Attach copies of written references)

Specify details of persons prepared to give verbal reference:

NAME	TITLE	TELEPHONE No

5. ADDITIONAL QUESTIONS

What would you like to be earning per hour?

What is the minimum hourly rate that you would start on?

Why do you want to leave your current position?

Please provide a brief list of hobbies & interests:

Please provide details of any previous or current medical conditions, restrictions or otherwise which may affect your ability to perform the requirements of the job.

This may include any medical condition or restriction arising from previous workers compensation claim. Failure to provide such information may jeopardise your rights to workers compensation if a pre-existing disability is aggravated at work (Section 79 of the *Workers Compensation and Injury Management Act 1981*)

Disclosure of medical restriction or condition does not necessarily exclude the applicant from employment.

1. I declare that the above information provided to my knowledge is true and correct.
2. I understand that false or misleading information provided could be a cause for termination if employed.
3. I understand this is an application only and not an offer of employment.
4. I understand that a part of the application may involve a medical examination by an official medical practitioner nominated by the Company and I authorise disclosure of the results of the examination to the company
5. I consent to any reference checks which may be necessary to support this application

Name: _____

Sign: _____ Date: / /

Privacy: Your application form contains personal information, which will be dealt with in accordance to our privacy policy. If you are successful your application form will become an employment record. If you are unsuccessful your application will be kept on record for 6 months. If you do not want your application kept on record please contact our office immediately.

Office Use Only:

1. Applicant information verified? Yes / No
2. Referee's contacted? Yes / No
3. Unsuccessful: hold details until: ____/____/____
Successful: Interview date: ____/____/____ Time: __: __pm/am Interviewer: _____
4. Other positions that may suit applicant: _____

97-101 Poole Street, Welshpool, Western Australia, 6106 ABN: 97 114 345 881

Phone: (08) 9351 9463 Fax: (08) 9351 9453 Email: careers@pedco.com.au Website: www.pedco.com.au

5. Applicant has been notified by: Phone / Email / Fax / Personally