



EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

Employer's Recruitment Policy:

It is the policy of Colourwise Nursery to employ and promote the person best suited for the position. Initial employment and future promotion will be based purely on the merit principle, ie the best person for the job irrespective of race, colour, sex, sexual preference, age, physical or mental disability, marital status, family extraction or social origin, or absence during maternity or other parental leave.

APPLICANT'S DETAILS

Surname: _____ Given Names: _____ Gender: _____

Address: _____

Post Code _____

Date of Birth: _____ Country of Birth _____

Telephone: _____ (Home) _____ (Work)

Particulars of Position applied for: _____

Full Time Part Time Casual

EDUCATION

What school did you last attend? _____

In what year did you leave? _____

What was your highest qualification? _____

Have you undertaken any studies since leaving school? _____

Please provide details: _____

APPLICANT'S SIGNATURE

DATE / /

Colourwise Nursery NSW Pty Ltd
3654 Old Northern Rd (PO Box 162) Glenorie NSW 2157
Phone +61 2 4566 6177 Fax +61 2 4566 6219

PREVIOUS EMPLOYMENT

(Including casual or temporary employment and work experience)

Name of Employer: _____

Contact Name: _____ Phone number: _____

Period of Employment: _____

Reason for Leaving: _____

Position Held: _____

Duties / Responsibilities: _____

Name of Employer: _____

Contact Name: _____ Phone number: _____

Period of Employment: _____

Reason for Leaving: _____

Position Held: _____

Duties / Responsibilities: _____

Name of Employer: _____

Contact Name: _____ Phone number: _____

Period of Employment: _____

Reason for Leaving: _____

Position Held: _____

Duties / Responsibilities: _____

If further space is required, please provide the details on the back of this form.

TRAINING

Have you attended any training course or been given 'on the job' training in any specific areas?
If yes, please provide details:

YEAR

TRAINING

APPLICANT'S SIGNATURE _____

DATE / / _____

QUALIFICATIONS

Do you have any tertiary or trade qualifications

Yes No

If yes, please provide details:

YEAR	QUALIFICATION
_____	_____
_____	_____
_____	_____
_____	_____

PREVIOUS WORKERS COMPENSATION CLAIMS

Have you ever made a claim for worker’s compensation?

Yes No

YEAR	INJURY
_____	_____

If yes, please describe the nature of the injury:

WORKPLACE HEALTH AND SAFETY

Are you prepared to comply with all instructions and wear personal protective equipment provided by the employer in respect of matters relating to Workplace Health and Safety?

Yes No

LICENCES

Do you hold a current drivers licence: Yes Expiry Date: _____

Do you have any endorsements on your driver’s licence?

Light Truck	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heavy Truck	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Light articulated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heavy articulated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you have a forklift licence Yes No

Have you ever been disqualified from holding a drivers licence? Yes No

APPLICANT’S SIGNATURE

DATE / /

IN CASE OF EMERGENCY

Next of Kin - Contact

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Is the employer authorised to contact the above person in case of emergency? Yes No

SPORTING ACTIVITIES

List regular and occasional sporting activities: _____

ANY OTHER INFORMATION YOU FEEL MIGHT SUPPORT YOUR APPLICATION:

Include details of any other skills, knowledge or expertise:

REFEREES

Please provide the names, addresses and telephone numbers of three work related referees.

Name of Referee: _____

Address: _____

Telephone Number: _____

Relationship to referee: _____

Name of Referee: _____

Address: _____

Telephone Number: _____

Relationship to referee: _____

Name of Referee: _____

Address: _____

Telephone Number: _____

Relationship to referee: _____

APPLICANT'S SIGNATURE

DATE / /

MEDICAL HISTORY

1. During your previous employment have you been:

a) In contact with toxic or irritant chemicals Yes No
If so, please give details _____

b) Exposed to excessive noise Yes No
If so, please give details _____

c) Exposed to any other hazard (eg asbestos, dust, radiation, sprays, sun) Yes No
If so, please give details _____

2. MEDICAL HISTORY

Have you now or in the past had any of the following:

Back, neck or joint problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Serious injuries (eg fractures)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify _____					

Heart complaint	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High or low blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory problems (eg asthma, emphysema)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blood disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery (eg hernia, knee)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Headaches (eg migraine)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin problems (eg eczema or dermatitis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy, blackouts or fits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you currently or have you ever suffered from an injury and/or severe pain in your back, neck, arms, shoulders, legs, hips, hands, wrists or joints? Yes No

If you answered 'Yes' to any of the above, please provide details of the complaint, treatment and current status of the condition. _____

Are you a smoker: Yes No

How many cigarettes per day _____

MEDICAL HISTORY (Cont'd)

3. Are you aware of any injury, illness or condition you have or have suffered from in the past that could affect your ability to perform any of the duties required of the position? Yes No

If 'yes' please provide details _____

4. Are you prepared to undergo a medical examination? Yes No
(This will be paid for by the employer)

5. Have you had a tetanus injection within the last 5 years? Yes No
If not, will you undertake to have one within the first month of employment? Yes No

I certify that the particulars and information provided in this application are correct to the best of my knowledge and I am aware that if this application is successful any false or inaccurate statement made or information withheld may result in the immediate termination of my employment or the imposition of sanctions or penalties prescribed by law.

APPLICANT'S SIGNATURE DATE / /

