

APPLICATION FOR EMPLOYMENT

Interlink Management Services Pty Ltd

Personal Details

Position Applied for: _____

Name: _____

Home Address: _____

_____ Postcode _____

Telephone B/H: _____ A/H _____ Mobile _____

Date of Birth _____

Are you a permanent Australian Resident? YES NO

What is your current visa status (if not a permanent resident)? _____

Do you require an interpreter? YES NO

Emergency Contact Details

In the event of an emergency or illness, please supply details for contact.

Name: _____

Relationship: _____

Home Address: _____

_____ Postcode _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Education and Qualifications

School Level completed: _____

Trade Qualifications: _____

Specialist Skills: _____

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Licences/Tickets

Drivers Licence YES NO Licence Number: _____

Truck Licence YES NO Licence Number/Class: _____

Forklift Licence YES NO Licence Number: _____

Other: _____

Employment History

Current Employer: _____

Period from: _____ Period to: _____

Position held: _____

Main Duties: _____

Previous Employer: _____

Period from: _____ Period to: _____

Position held: _____

Main Duties: _____

Previous Employer: _____

Period from: _____ Period to: _____

Position held: _____

Main Duties: _____

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Medical Details

Do you have any physical or mental disabilities, medical conditions or previous injuries which may limit your ability to perform any job?

Do you have any medical condition, physical disability or other reason that could prevent you from:

Tick your answer

Working at height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in industry/ dirty conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in hot/ humid climatic conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in stooped / cramped position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heavy Lifting Activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in an isolated construction environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the above, please provide details of the condition/ disability or reason below:

Have you ever been treated for any of the following conditions?

Eye/ vision problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hernia (Ruptured)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swollen joints/ Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repeated skin infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nerve Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Back Trouble/ disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sugar/ diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting/ dizziness/ blackouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Long term illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injury (any part of body)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgical Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eczema	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Do you have a Work Cover Claim current or outstanding? Yes No

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Referees

Please provide the names and contact details of two people prepared to act as a referee.
It is preferable that the referees are people who have directly supervised you.

Name: _____

Organisation: _____

Position Held: _____

Telephone (Business Hours): _____

Mobile Telephone: _____

Name: _____

Organisation: _____

Position Held: _____

Telephone (Business Hours): _____

Mobile Telephone: _____

Declaration

Have you ever been convicted by a court or dismissed from employment for an offence involving drugs, dishonesty or breach of trust? Yes No

Please Note: In accordance with legal requirements, you are not required to disclose spent, quashed or pardoned convictions.

I agree to be medically examined before I am appointed and at any time during my employment, if required by the company.

I declare that the information recorded on this form is true and correct and I acknowledge that false information could result in termination of my employment.

I consent to my former employers providing relevant employment records to IMS. I release my former employer and IMS from any liability for any damages whatsoever related to such records being obtained. I also agree that IMS for the purposes of placing me in employment, may use my resume or part of my resume.

I further consent to IMS performing reference checks with the companies named within this document.

Signature: _____ Date: _____

Witnessed: _____ Date: _____