

# 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?

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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:

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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: \_\_\_\_\_