

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		PC	
Phone (h)		Phone (m)			
Email Address			Would you like pay advice delivered to this address?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency Contacts		1. Name		Phone	
		2. Name		Phone	
Date Available		From:		To:	If no finish date, insert N/A
Position Applied for		1.		Project (if known)	
		2.		Project (if known)	
Are you a citizen of Australia?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorised to work in Australia? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Grade
Other (eg Undergraduate or Vocational)			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Qualification
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Qualification
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Qualification

MEMBERSHIPS AND ASSOCIATIONS					
<i>Please tick where applicable</i>					
Current Drivers		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Class	State
CA	<input type="checkbox"/>	Level	Other (please list):		
CPA	<input type="checkbox"/>	Level			
NIA	<input type="checkbox"/>	Level			



REFERENCES

Please list three professional references.

Full Name	Relationship
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Company	Phone ()
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Address

Full Name	Relationship
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Company	Phone ()
---------	-----------

Address

Full Name	Relationship
-----------	--------------

Company	Phone ()
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Address

PREVIOUS EMPLOYMENT

1. Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signed:
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2. Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signed:
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3. Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:			
4.Company		Phone	()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:			
5.Company		Phone	()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:			
6.Company		Phone	()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:			
7.Company		Phone	()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:			

Please provide any additional information to support your application:



INCAPACITY INJURY OR ILLNESS

Do you have any illness or injury that would prevent you from fully carrying out the duties of the position for which you have applied? YES NO

If yes, please provide details, such as cause and extent of injuries:

GENERAL PROJECT MATTERS

From time to time additional overtime may be required to be worked. When requested, are you prepared to work reasonable amounts of overtime? YES NO

Would you be available to work shift work? YES NO

Are you prepared to work to the full extent of your competencies and capabilities? YES NO

To work site hours and/rosters as determined by the Contractor from time to time? YES NO

EMPLOYMENT REQUIREMENTS

Are you prepared to:

Comply with all company, project and contractor site rules, safety rules and procedures? YES NO

Comply with the Force Recruitment Collective Agreement? YES NO

If you are a smoker, comply with the contract terms and conditions that clearly restrict smoking? YES NO

Wear, use, store and help maintain your personal protective equipment (PPE)? YES NO

Only use mobile phones in designated areas of the project site? YES NO

PRIVACY

Personal information on this application for employment is collected solely for the purposes of establishing whether Force Recruitment Pty Ltd wishes to offer you employment. The information will only be disclosed to others in accordance with law or with your consent.

If you wish to access this personal information or update it please contact Force Recruitment Pty Ltd.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that the information provided may be subject to verification.

Signature _____ Date _____