



# Employment Application Form

**YOUR APPLICATION WILL BE KEPT ON FILE UNTIL POSITIONS BECOME AVAILABLE**

**1. POSITION:** .....

**HIGHEST QUALIFICATION ATTAINED:** .....

I am prepared to work:

Full Time       Part-time       Shift Work       Casual

I am prepared to work in another area or position if required.      Yes       No

## 2. PERSONAL DETAILS:

Male       Female

Surname: .....

Given Names: .....

Address: .....

State: ..... Country: ..... Postcode: .....

Date of Birth .....

Phone No: Home ..... Mobile .....

Email: .....

Are you in good health ?      Yes       No

Have you ever had a claim for compensation resulting from a work related injury ?      Yes       No

Are you aware of any injury, illness or condition which may affect your ability to perform all the duties required by this position ?      Yes       No

Do you have any problems working in confined spaces ?      Yes       No

Do you have any problems working at heights ?      Yes       No

Are you willing to undergo a medical examination ?      Yes       No

Are you prepared to work overtime if required ?      Yes       No

Are you prepared to obey safety rules and wear protective clothing and equipment as required ?      Yes       No

Do you need a work permit to work in Australia ?      Yes       No

Is English your first language ?      Yes       No

Language(s) spoken/written (other than English) .....

### 3. EDUCATION DETAILS

Highest Qualification Achieved:

List of TAFE or other certificates:

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.....  
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### 4. EMPLOYMENT HISTORY

Please provide details of your **most recent** employment

**1** Name of Employer ..... Phone Number .....

Type of business .....

Contact Person & Position .....

Start/Finish dates: ..... Position held .....

Duties/Responsibilities .....

Reason for leaving .....

.....

**2** Name of Employer ..... Phone Number .....

Type of business .....

Contact Person & Position .....

Start/Finish dates: ..... Position held .....

Duties/Responsibilities .....

Reason for leaving .....

.....

**3** Name of Employer ..... Phone Number .....

Type of business .....

Contact Person & Position .....

Start/Finish dates: ..... Position held .....

Duties/Responsibilities .....

Reason for leaving .....

.....

**5. TRADE SKILLS**

Qualifications in:

Experience in:

Details:

Aluminium Fabrication

General Fabrication

Aluminium Welding

Boiler / maker Welding

Mig Welding

Tig Welding

A Grade Electrical

Rigging Certificate

Fitting & Turning

Marine Engineering

Diesel Fitting

Plumbing / Pipe

Motor Mechanic

Welding / Pipe Fitting

Fitting Pipe Fitting

Carpentry

Joinery / Cabinet Making

Sheet Metal

Other

**General**

Building Industry Trade Certificate

Power Tool Licence / Certificate

First Aid Certificate

Fork Lift Licence

Driver's Licence

Elevated Work Platform Licence

Truck Licence

White Card

**Other**

Computer skills: (please specify).....

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Any other not mentioned please specify .....

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.....

**6. HEALTH AND FITNESS PARTICULARS**

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

Epilepsy, Blackouts or fits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back, Neck or Joint problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Complaint	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Problems (Asthma / Emphysema)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery (e.g. Hernia/Knee)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Eye Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental/nervous disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blood Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Serious Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sleep Apnoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Eczema/ Dermatitis)		

If yes please specify: .....

.....

.....

Are you currently taking any drugs or medication ? Yes  No

**Previous injuries or illnesses including workplace injuries and claims:**

<b>DATE/YEAR OF INJURY/ILLNESS</b>	<b>NATURE AND DURATION OF INCAPACITY</b>
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.....	.....
.....	.....
.....	.....
.....	.....

**7. GENERAL**

Have you ever been convicted of a criminal offence? Yes  No

Please specify: .....

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.....

.....

**Other**

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.....

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## 8. REFEREES

Please give details of at least two people whom we may contact (not members of your family and preferably work related referees, copies to be attached).

### 1 Referee 1

Name .....

Address .....

Occupation..... Phone .....

Relationship .....

### 2 Referee 2

Name .....

Address .....

Occupation..... Phone .....

Relationship .....

## 9. DECLARATION OF APPLICANT

- I hereby authorise Incat Tasmania Pty Ltd or its agent to obtain references and speak to referees to verify any information relevant to this application.
- I hereby certify that the information given in this form is, to the best of my knowledge and belief, true and complete and I am aware that any inaccurate statements or information withheld may render me liable to instant dismissal.
- I acknowledge that this document does not constitute an offer of employment.
- Should my application be successful, I agree to abide by all company rules and regulations and acknowledge that confirmation is subject to a three month probationary period.

Signature of Applicant..... Date .....

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION FORM**

## SEND APPLICATION BACK VIA EMAIL OR POST

When electronically completed, please save and email to:  
**careers@incat.com.au**

*\*Please also attach a resume and any other relevant documentation.*

When mailing or faxing hard copy please send to  
**Incat Tasmania Pty Ltd**  
**18 Bender Drive, Hobart, Tasmania, 7009, Australia**

Tel: (03) 6271 1333 Fax: (03) 6273 0932

*\*Please also attach a resume and any other relevant documentation.*

