

Position applied for:	
Name:	
Address:	
Phone (Mobile):	Phone (Home):
Email:	D.O.B:
Drivers Licence No:	Type of Licence:
In the last 5 years, have you been convicted of any crime or have any pending? <input type="checkbox"/> YES <input type="checkbox"/> NO	
In the last 5 years have you had any driving offences or loss of licence? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have your own vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Qualifications:	
Please list any training courses completed:	
Course Name:	Expiry Date:
Course Name:	Expiry Date:
Course Name:	Expiry Date:
Do you have a basic tool kit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have other tools available for use? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last 5 years of employment (include company name, job title, length of time, dates and referees)	

Do you agree to have referees contacted in relation to this application?  YES  NO  
*(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential).*

Why did you leave your last position?

Please list any medical or health issues that may affect your ability to work full time:

Our company is strict on Health & Safety as are the companies we work for. You may be randomly drug and/or alcohol tested on some sites. If you fail you may be dismissed immediately from employment. Do you consent to drug/alcohol testing?  YES  NO

**Declaration**

*I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment. I understand that this application does not constitute an offer of employment. I understand that, in some cases, criminal record checks will be required and I will be notified if this applies to this application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_