

Position applied for:	
Name:	
Address:	
Phone (Mobile):	Phone (Home):
Email:	D.O.B:
Do you have a Drivers licence :	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: _____