

EMPLOYMENT APPLICATION FORM

(Please answer fully and honestly. Attach separate sheets or your resume if necessary)

(POST APPLICATION TO: A Class Metal Finishers Pty Ltd - PO Box 73, Lonsdale, SA 5160)

Applicant's Full Name:		Date:	
Address:		Date of Birth:	
		Your Phone details: Day: _____ Night: _____ Mobile: _____	
Marital Status: Name of spouse or de facto (if applicable): _____			
Emergency Contact Name:		Phone details for your Emergency Contact person:	
Relationship: _____		Day: _____ Night: _____ Mobile: _____	
Position you are applying for:			
Are you an Australian citizen ? YES/NO. If NO, of which country are you a citizen?			
Previous Employment: (Give brief details of your previous employment or work experience, or attach CV)			
Dates (from - to)	Employer	Duties	Reason for Leaving
Please provide names and contact details of at least 2 referees : (Please provide only the names of people who you give us your permission to contact in relation to this application.)			
Name: _____	Company/Organisation: _____	Phone: _____	
Name: _____	Company/Organisation: _____	Phone: _____	
What interests you about working for A Class Metal Finishers ?			
Hobbies, interests and other information about yourself:			
Are you willing to work shift work if necessary? YES/NO Overtime? YES/NO			
Education and Training:		School level achieved: _____	
TAFE or other Tertiary qualification: _____			
Other education or training: e.g. short courses or on job training (please provide reports or certificates): _____			
Literacy: are you able to read and understand documents in the English language? Yes/ No If No, what help do you need? Verbal instruction? Yes/No Translation to language other than English? Yes/No Other?			

ATTACH FURTHER DETAILS IF THERE IS NOT ENOUGH SPACE

P.T.O.

Summary of Skills: Tick ALL skills or experience that you already have:			
<input type="checkbox"/> Metal Polishing	<input type="checkbox"/> Electroplating	<input type="checkbox"/> Inspection/QA	<input type="checkbox"/> Use of hand tools
<input type="checkbox"/> Process work	<input type="checkbox"/> Racking or jiggling	<input type="checkbox"/> Workplace communication	<input type="checkbox"/> Packing
<input type="checkbox"/> Supervision of staff	<input type="checkbox"/> Management	<input type="checkbox"/> Metallurgy	<input type="checkbox"/> First aid qualified (current certificate)
<input type="checkbox"/> Forklift licence	<input type="checkbox"/> Truck licence	<input type="checkbox"/> Computer/internet	
<input type="checkbox"/> Stores work	<input type="checkbox"/> Computer (word processing/spreadsheets)	<input type="checkbox"/> Occ Health and Safety (recent training)	
What other work related skills, experience or qualifications do you have?			
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Have you ever been convicted of any criminal charge or are you involved in any charges currently pending? YES/NO Please provide details:			
Have you ever suffered an injury or illness that has prevented you from working for more than a week? YES/NO Give details:		Have you ever suffered a work related illness or injury ? YES/NO Give details:	
Are you currently in good health ? YES/NO. Do you now, or have you ever had, any of the following conditions:			
Back, neck or shoulder pain	YES/NO	Arthritis or joint stiffness or pain	YES/NO
Chest pain, lung or heart condition	YES/NO	Skin rashes or skin condition	YES/NO
Asthma or breathing disorder	YES/NO	Sore or stiff hands, wrist or fingers	YES/NO
Other illnesses or medical conditions	YES/NO		
If YES to any of above give details:			
Are you willing to allow A Class to contact your Doctor for health information relevant to your employment or exposure to certain risks? YES/NO Name & Contact details of your usual doctor:			
(Note – you may also be required to attend a pre-employment medical examination) Are you willing to undergo such an examination? YES/NO			
Please give details of any medical conditions or medications you are currently taking that may affect you whilst working: (e.g. diabetic – insulin).			
(Please note that a pre-employment medical examination may identify any drugs or medications in your system)			
Are you a smoker? YES/NO		Have you ever been a smoker? YES/NO	
In Summary: Please provide the ONE main reason why A Class should consider employing you.			

DECLARATION

I, (full name), hereby declare the information I have provided above to be true and correct. If selected for a position of employment I will do my best to fulfil the required duties and will abide by the A Class Code, policies and procedures. I further agree not to use or disclose any confidential information I learn about the company and its activities, to the company’s detriment. I understand this requirement applies before being employed (e.g. during the selection process), whilst employed and after my employment ceases. I understand that the information I have provided to the company will be kept confidential and that information may include information necessary to manage our employment relationship or to meet company legal requirements.

Signed..... Date.....