



**Please circle correct answer.**

Do you object to us contacting your previous employers? YES / NO

Do you have any medical disability or physical impairment that may restrict you from carrying out duties of the job for which you are applying? YES / NO

Have you had any recent illness, operation of disease that may hinder you carrying out the duties of the job for which you are applying? YES / NO

Are you willing to undergo a medical examination? YES / NO

Are you willing and able to work overtime and / or weekends or at country sites? YES / NO

Have you been convicted for fraud or a crime? YES / NO

Do you have your own means of transport to and from work? YES / NO

I understand that this job application is for a casual position. YES / NO

**Please attach – Resume, Copy of Drivers Licence and any other Certificates eg Forklift etc.**

**REFEREES**

Please list three (3) persons whom we may contact.

NAME	BUSINESS NAME / PERSONAL	TELEPHONE

**The above information is accurate, true and correct.  
This application will remain on file for 3 months only.**

**SIGNED :** \_\_\_\_\_ **DATE :** \_\_\_\_\_

---

**OFFICE USE ONLY**

Completed Income Tax Declaration Form YES / NO

Bank & Branch : \_\_\_\_\_ Account Number : \_\_\_\_\_

Position : \_\_\_\_\_

Starting Rate : \_\_\_\_\_

Superannuation Fund : \_\_\_\_\_

Commencement Date : \_\_\_\_\_