

Liftrite Crane Hire Pty Ltd

APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

This information is collected for the sole purpose of assessing your suitability for the job.

APPLICANT DETAILS:

Surname:	Other Names:	
Address:		
	Postcode:	
Telephone:	Home No:	Mobile No:
Partner/Spouse Name:	Home No:	Mobile No:
Are you eligible for employment in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Of Birth:

EMPLOYMENT DETAILS:

Current or last position:	From ___/___/___ To ___/___/___	
Employer:	Type of Business:	
Current or last position:	From ___/___/___ To ___/___/___	
Employer:	Type of Business:	

REFERENCES:

Please provide the details of 2 work referees that the company can contact. If you have not worked before, personal references will be acceptable.

REFeree NAME:	COMPANY	REF. POSITION:	CONTACT No.
(1)			
(2)			

QUALIFICATIONS/SKILLS:

Please list any skills, experience, qualifications or competencies you may have applicable to the position.

Do you hold a current Australian Drivers Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide Class details & Number:
Do you have a car of your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If your application is successful, when would you be able to start work?	_____	
Do you have any pre-existing injuries that would prevent you from doing your job? <i>(if accepted)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – provide details over the page
Have you ever lodged a Work Cover Claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – provide details over the page
Would you have any objection to working overtime if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – provide details over the page

You may be required to attend a medical examination or a site induction which may include a drug and/or alcohol test in order to determine whether you will be able to safely & adequately perform the duties required for the position.

HEALTH:

To assist us complying with our obligations to ensure a safe work place & in order for us to be able to determine whether the applicants are able to safely & adequately perform duties required by the position, please provide details of any previous or current injuries, illness or disabilities of which you are aware and which you believe may affect your ability to carry out the requirements of the position proposed. Failure to provide such information may constitute a breach of section 82(7) of the *Accident Compensations Act 1995* & according to section 82(8) of that Act may result in any aggravation etc. of the injury arising out of the employment not qualifying for compensation under the legislation. Please list over the page.

DECLARATION:

I understand that any false or misleading information given by me in this application, whether in writing or interview, may be reason for my employment, *(if appointed)* to be terminated. I therefore declare that all information provided in or relative to this application, is true, complete and correct.

Applicants Name:	Signature:	Date: ___/___/___
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If you answered "YES" to any of the questions on the previous page please provide additional details here:

PRE-EXISTING INJURIES	
Date of Injury:	Nature of Injury:
Treatment & Results:	
Date of Injury:	Nature of Injury:
Treatment & Results:	
Date of Injury:	Nature of Injury:
Treatment & Results:	
Date of Injury:	Nature of Injury:
Treatment & Results:	

WORK COVER CLAIMS:	
Date of Claim:	Nature of Claim:
Result of Claim:	
Date of Claim:	Nature of Claim:
Result of Claim:	
Date of Claim:	Nature of Claim:
Result of Claim:	

OBJECTIONS TO WORKING OVERTIME IF REQUIRED: