

EMPLOYMENT APPLICATION FORM

Surname	Date of Birth	Marital Status
Christian Names	Home Phone	Next of Kin
Home Address	Mobile Phone	Emergency Contact
	Home Email Address	Relationship
Position Applied For	Location	Phone

All Qualifications Held Including Dangerous Goods (Please enclose photocopies of Licenses and Certificates)

Licence	Licence No	Classes	Place of Issue	Issue Date	Expires	Time Held
Drivers Licence						
Forklift Licence						
Dangerous Goods Licence						

Do you consume alcohol? If yes – how often?	Yes	No
Do you smoke?	Yes	No
Have you been convicted of any traffic breaches? If yes – what?	Yes	No
Have you had any other convictions? If yes – what?	Yes	No
Have you been involved in any motor vehicle accidents as a driver or passenger? If yes – what?	Yes	No
Do you belong to a union? If yes – which one	Yes	No
Are you familiar with the term “Freedom of Association”?	Yes	No
How long have you lived at the above address?		
Do you play sport? If so list	Yes	No
Do you have any pre-existing injury or condition? If so, what	Yes	No
Do you belong to a Superannuation Fund? If yes – which one	Yes	No
Fund Number		

Workers Compensation Authority

Have you ever claimed for any work related injury or ailment? If so, what	Yes	No
	When	

Ibeing an applicant for employment with AKIE Pty Ltd trading as I.J.& K.M. Knighton have no pre-existing injuries and condition other than those disclosed in this application and hereby authorise the Relevant Workers Compensation Insurer to disclose details of my previous claims to AKIE Pty Ltd trading as I.J. & K.M. Knighton.

I CERTIFY THAT THIS IS A TRUE AND ACCURATE STATEMENT

Signature Date...../...../..20.....

BANKING DETAILS

Name of Bank (eg ANZ)	BSB/Branch No.	Account No.
Branch Name	Account Name	

OFFICE USE ONLY

Interviewed By:	Authorised By:	Commencement Date
Fair Work Information Statement Issued? Yes / No	Pay Rate	
Comments:		

