

Schiavello

Application for Employment

(Office Use only)

Company /
Division

Job function

(Applicant to complete all following sections)

Name

Given Names

Surname

Address

Street

Suburb

Post Code

Phone

Mobile

Email

**Any previous
employment
with the
Schiavello
Group of
Companies?**

Have you ever been employed by any of the Schiavello companies?

No Yes

If Yes, specify company name

Specify approximate dates

to

Specify location

**Australian work
status**

Are you a permanent Australian resident?

We require this information to check that we are able to legally employ you.

No Yes

A copy of relevant Visa must be provided:

Passport Number

Country of Residence

Type of Visa

Visa Number

Expiry Date

**Relatives that
work with the
Company**

Do you have any relatives that currently work for this Company?

No Yes

If Yes: specify persons name

relationship to you

specify his/her work location

Privacy

This form (and your resume) will be held on file in a secure area. Only those involved in the recruitment of staff will have access to this information. If your application is successful, this form will be placed in a personal file which is confidential and kept locked in Human Resources.

Education and Training

Please provide details of your secondary, trades or tertiary education, starting with the most recent/current. If you have a current resume that details this, you can attach a copy & leave this area blank.

Date		Name of school / college / institution and course	Standard / certificate gained
From	To		

Please provide details of any other training completed or skills you have obtained:
(First Aid/computer skills / job-industry specific):

Employment History

Please provide details of your past jobs, starting with your most recent/present employer. If you have a current resume that details this, you can attach a copy & leave this area blank.

Name of Company and location	From	To	Job title Salary (optional)	Contact name	Reason for leaving

Personal History

Licence's

Do you have a current driver's licence?

No Yes **If yes, please attach a photocopy of your licence to this application.**

If Yes, please provide

Licence Number _____

State of Issue _____

Expiry Date _____

Details of other licences held, including truck and forklift and dates of expiry:

Driving Offences

Have you ever been convicted of any driving related offences that are relevant to the position for which you have applied? eg suspended licence, demerit points

No Yes

If Yes, please provide details _____

Criminal History

Have you ever been convicted of ANY criminal offence or had an action recorded against in a civil jurisdiction?

No Yes

If Yes, please provide details _____

Are there any matters currently pending in relation to a criminal or civil action?

No Yes

If Yes, please provide details _____

Other:

Are you willing to work on a shift basis (if applicable)?

No Yes N/A

Pre-employment health assessment

If requested, are you prepared to undergo a pre-employment health assessment?

No Yes

The health assessment is part of the Company's recruitment and selection process. Details of the assessment are confidential to medical staff. However, where necessary for the safety of employees, medical staff may advise us of any restrictions or adjustments required to satisfy health and safety obligations.

If you do not disclose information about an injury or disease that reoccurs or gets worse, you may not be entitled to WorkCover compensation for that particular injury or disease.

Disabilities/medical conditions

Do you have any disabilities or medical conditions that would affect your ability to do the job you have applied for?

No Yes

If Yes, please provide details _____

Workers' Compensation

Have you received Workers' Compensation in respect to any injury that would affect your ability to perform the requirements of the position as stated?

No Yes

If Yes, please provide details _____

Do you regularly see your doctor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you take any form of regular exercise?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had an injury, illness or condition, which prevented you from attending work?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been regularly exposed to:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chemicals	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asbestos	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Noise	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Radiation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dusts	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have your previous jobs involved repetitive movements?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been immunised against Tetanus?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
When: _____		
Do you smoke?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you take any tablets or medicines regularly? If so, what?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has your doctor advised you against taking any employment because it may put you at risk?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had?:		
Asthma/Bronchitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hepatitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hernia	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Foot Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
High Blood pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Skin Problems – Dermatitis or Psoriasis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Eye Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Neck, Shoulder, Back Problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Arthritis	<input type="checkbox"/> No	<input type="checkbox"/> Yes

References

Please provide at least 2 references. These should be previous employers or business related only. It is Schiavello's policy to always contact references prior to any offer of employment.

Name	_____	Name	_____
Company	_____	Company	_____
Position held	_____	Position held	_____
Phone	_____	Phone	_____
Relationship to you	_____	Relationship to you	_____

Applicant Declaration

I declare that, to the best of my knowledge, the information set out by me in this application form and submitted in any accompanying document(s) is true and correct in every sense. I authorise contact with any person or company regarding this information.

I understand that:

1. If my application is successful, it is company policy for a probationary period to apply on commencement of employment.
2. I, declare that to the best of my knowledge, the answers to the questions in this application form are correct, and I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be dismissed.
3. I irrevocably authorise you, or your agent, to contact the named referees of all my previous/current employers, including any employers that I have not nominated on this application. Information so gained is supplied in confidence as evaluation material and will not be disclosed to me.
4. If the named referee is not authorised to speak on behalf of the Company, or not available, enquiries can be made with the manager or duly authorised person.
5. As part of this application being actioned, a criminal history check may be carried out if so required by the Schiavello organisation. I understand and agree to a criminal history check being completed if so required. In order for this to be completed I agree to provide my Date of Birth and a photocopy of photo identification, eg. drivers licence or birth certificate

Date of Birth: / /

6. If it so chooses, the Schiavello Group would engage the services of reputable companies to review applicants and for recording the reasons for termination from previous employment
7. By completing this application you agree that your application maybe reviewed by an organisation external to the Schiavello Group.
8. I further irrevocably authorise you to furnish to any third party, details of this application and any subsequent dealings that I may have with you as a result of this application being actioned by you.
9. I have read and fully understand this declaration.

Applicant Signature

Date
