

## Application Details

DATE OF APPLICATION	POSITION YOU ARE APPLYING FOR	EMPLOYMENT TYPE <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Casual
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## Personal Information

FIRST NAME	MIDDLE NAME (IF APPLICABLE)	SURNAME	
ADDRESS	CITY	STATE	POSTCODE
PHONE	EMAIL	DATE OF BIRTH	
ARE YOU AN AUSTRALIAN CITIZEN? <input type="radio"/> Yes <input type="radio"/> No	ARE YOU ELIGIBLE TO WORK IN AUSTRALIA? <input type="radio"/> Yes <input type="radio"/> No		

## Education

Please provide details of any school or tertiary education

HIGHEST LEVEL OF EDUCATION ACHIEVED	
<input type="radio"/> School Certificate <input type="radio"/> HSC (Higher School Certificate) <input type="radio"/> Certificate I/II <input type="radio"/> Cert. III/IV <input type="radio"/> Diploma <input type="radio"/> Advanced Diploma <input type="radio"/> Bachelor Degree <input type="radio"/> Graduate Diploma <input type="radio"/> Postgraduate Degree	
DATE ACHIEVED	QUALIFICATION OBTAINED (IF APPLICABLE)
PLEASE PROVIDE DETAILS OF ANY OTHER EDUCATION, TRAINING COURSES ETC. INCLUDING TRADE QUALIFICATIONS	
NAME OF COURSE OR QUALIFICATION	DATE COMPLETED

## Employment History

Please provide your most recent employer first

NAME OF EMPLOYER	PERIOD OF EMPLOYMENT <input type="text"/> to <input type="text"/>
NAME OF EMPLOYER	PERIOD OF EMPLOYMENT <input type="text"/> to <input type="text"/>
HAVE YOU APPLIED FOR A POSITION OR WORKED WITH OUR COMPANY IN THE PAST? <input type="radio"/> Yes <input type="radio"/> No	

## Referees

### REFEREE 1

FULL NAME	TITLE/POSITION
COMPANY	PHONE NUMBER

### REFEREE 2

FULL NAME	TITLE/POSITION
COMPANY	PHONE NUMBER

## Medical History

GENERAL HEALTH STATUS <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	HEIGHT	WEIGHT
ARE YOU RECEIVING ANY MEDICAL TREATMENT AT PRESENT? <input type="radio"/> Yes <input type="radio"/> No	DO YOU AGREE TO UNDERGO A MEDICAL CHECK-UP IF REQUIRED? <input type="radio"/> Yes <input type="radio"/> No	
IF 'YES' TO RECEIVING MEDICAL TREATMENT, PLEASE PROVIDE DETAILS (INCLUDING RELEVANT DATES)		
DO YOU HAVE ANY ILLNESS, INJURY OR DISABILITY (PHYSICAL OR MENTAL) WHICH MAY AFFECT YOUR ABILITY TO CARRY OUT THE RESPONSIBILITIES OF THIS POSITION? <input type="radio"/> Yes <input type="radio"/> No		
IF 'YES' TO THE ABOVE, PLEASE PROVIDE DETAILS		
DO YOU HAVE OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?		
<input type="checkbox"/> Blackouts	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Fits
<input type="checkbox"/> Migraines	<input type="checkbox"/> Sciatica	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Stroke	<input type="checkbox"/> Eczema	<input type="checkbox"/> Asthma
<input type="checkbox"/> Mental disorder	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Heart condition
<input type="checkbox"/> TB	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hernia	<input type="checkbox"/> Skin Rash	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Back Injury	<input type="checkbox"/> Allergies	<input type="checkbox"/> Wrist Injury
IF 'YES' TO ANY OF THE ABOVE CONDITIONS, PLEASE PROVIDE DETAILS INCLUDING DATES		
DO YOU HAVE ANY HEARING DEFICITS? <input type="radio"/> Yes <input type="radio"/> No	DO YOU PARTICIPATE IN ANY SPORTS ON A REGULAR BASIS? <input type="radio"/> Yes <input type="radio"/> No	
HAS YOUR HEARING EVER BEEN AFFECTED BY WORK? <input type="radio"/> Yes <input type="radio"/> No	IF 'YES' TO PARTICIPATING IN SPORTS, PLEASE PROVIDE DETAILS	

## Miscellaneous

ARE THERE ANY RESTRICTIONS ON YOUR ABILITY TO DO SHIFTWORK?

Yes  No

ARE THERE ANY RESTRICTIONS ON YOUR WORKING OVERTIME?

Yes  No

DO YOU HOLD A CURRENT FORKLIFT TRUCK LICENCE?

Yes  No

DO YOU HAVE ANY HOBBIES OR SPECIAL INTERESTS?

Yes  No

IF 'YES' TO 'HOBBIES', PLEASE PROVIDE DETAILS

## Declaration

1. I hereby authorise PHOENIX INDUSTRIAL CLEANING & PEST MANAGEMENT Pty Ltd to contact any of my previous employers.
2. I understand that a probationary period of three months applies to all full-time and part-time positions.
3. I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination.
4. All casual positions are subject to month-to-month subcontract terms and conditions.

I declare that the information provided by me in this application is true and correct:

APPLICANT SIGNATURE (Handwritten or digital signature accepted)

DATE