

## Application for Employment

### Personal Details

Position applied for			
Family name			
Given names			
Contact address			
Home Phone		Date of Birth	
Mobile phone number		Email address	

### Qualifications

Licences held	<input type="checkbox"/> WA	<input type="checkbox"/> C <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC <input type="checkbox"/> MC
Infringements & Demerit Points	Please list all other than parking fines	
Relevant industry qualifications	eg: machinery certs, white card, first aid, confined space, health & safety rep	

### Residency Status

Are you an Australian Citizen?	Y/N
Are you legally able to work in Australia for NTC?	Y/N <small>(Please attach proof if not a AUS citizen)</small>

### Criminal Convictions

Have you ever been convicted of a criminal offence or are awaiting sentencing for criminal offence?	Y/N <small>(If yes, please complete the table below)</small>	
Offence	Year committed	Details of fine/PD/supervision/imprisonment

### Wage Expectations

What is your current wage and benefit package?	
What are your wage expectations for this position?	\$/hr
What are your expectations regarding additional benefits for this position? (Phone, Vehicle etc)	

## Employment History

**Present or most recent employer**

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

**Next most recent employer**

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

**Next most recent employer**

From	
To	
No. of hours worked per week	
Company	
Address	
Position held	
Main duties	
Reason for leaving	

**Referees**

Name	Relationship to you	Role/Organisation	Telephone No.

In terms of the Privacy Act, do you consent to us contacting your present or past employer for the purpose of reference checking? **Yes/No**

**Medical**

Have you had an injury or medical condition caused by gradual process, disease or injury for example hearing loss, sensitivity to chemicals, repetitive strain injuries, knee or back injuries that may be aggravated or further contributed to by the tasks of this job or limit your ability to complete a task? **Yes/No**

**Workers Compensation**

Please list your claims history with Workers Compensation

Date of claim	Claim No.	Type of injury	Type of treatment	Length of time off work if any

**Declaration**

It is declared that to the best of my knowledge the answers in the application are complete and correct and I understand that if any false or deliberately misleading information is supplied, or any material information is suppressed or omitted, I will not be accepted, or if I am employed, my employment will be terminated.

I give NTC expressed permission to check my Employment History, contact Referees and check my Workers Comp Claim History to confirm my suitability for this position.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit with applicable documentation to support your application to:

PO Box 68  
Onslow, WA, 6710  
Phone: 08 9184 6025  
Fax: 08 9184 6032  
Email: hr@ntc.net.au

Office use only

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Received by:

Date: