



Workforce Resources

APPLICATION FOR EMPLOYMENT

Given names:		Family name:		Gender: M F	
Street address:					
Suburb:			Postcode:		
Which Job Network Agency are you registered with?					
JobSeeker number:		Date of birth:		Country of birth:	
Visa classification		Passport number if not a resident of Australia			
Home phone:			Mobile phone:		
Main language spoken:			Do you require assistance with the English language? Yes No		
Driver's licence: Yes No		If yes, what type of licence?			
Licence number:					
Do you have your own vehicle? Please circle: Yes No			Any other tickets/licences? (e.g. forklift)		
What shifts are you available to work? Day Afternoon Night					
When are you able to start work with Agresolve?					
Do you have any health problems or medical conditions which affect your ability to perform <u>any</u> physical labouring tasks? If so, please list briefly what you <u>cannot</u> do.				Yes No	
Are you fit and physically able to undertake manual lifting up to 20kgs? If you have any limitations, please list briefly what you <u>cannot</u> do.				Yes No	
Have ever had a Workers Compensation injury? Yes No If Yes, please give details.					
List the skills you possess which relate to the job you are seeking.					

Health Assessment

Do you have or ever had any of the following	Yes	No	If Yes please give details
Asthma, hayfever, bronchitis, sinus or lung problems			
Dislocation of any joint or broken bones			
Sore back, muscle problems or strains			
Sore neck			
Motor vehicle injuries			
Hernia operation			
Dermatitis, tinea or other skin irritation			
Head injuries including concussion			
Problems with hearing			

Can you work in cold conditions?			
Do you take medicine to help you be healthy			
Have you been admitted to hospital for more than two days?			
Have you had any operations for stomach muscles rips or hernia tears?			
Do you have to have any operations in hospital in the future?			
Do you smoke cigarettes?			
Do you drink alcohol?			

Will you attend a doctor for a medical check if we ask you to do so?

Yes No

Agresolve will pay for the medical check.

I hereby declare that all information given on this form is true and complete. I understand that any false or misleading information may lead to my continued employment being reviewed and may result in my employment with Agresolve Pty Ltd being terminated.

Signed

Dated

PRIVACY DISCLOSURE FORM

(PRIVACY REGARDING PERSONAL INFORMATION COLLECTED FOR THE PURPOSES OF RECRUITMENT)

- I give permission for nominated recruitment representatives of Agresolve Pty Ltd to contact company referees for the purpose of assessing my suitability for a position within the company.
- I understand that any medical information gathered as a result of pre-employment medical and physical assessments will be used solely for the purpose of assessing my suitability for a position within the company.
- I also understand that this information will be kept confidential, and if I am not successful in securing a position, this information will be destroyed.

FULL NAME.....

SIGNATURE:

DATE: