

APPLICATION FOR EMPLOYMENT



Date:

First Names:

Surname:

Address:

Post Code:

Date of Birth:

Telephone:

Mobile:

Email:

Position applying for (please select one or more of the following):

- ☐ Process Employee/ General Labour ☐ Machine Operator ☐ Forklift Driver ☐ Loader Driver
☐ Truck Driver ☐ Tradesman E.g. Fitter, sawdoctor, elec. Etc. (please specify) _____
☐ Other (please specify) _____

Preferred Shift:

- ☐ Day ☐ Afternoon ☐ Either

List Associations, Trade Unions, etc. which you are a member: _____

Last School/College attended:

Year:

Highest Qualification attained:

Are you a recognised tradesman?

If so, what trade:

Licences:

Heavy Vehicle

Trailer Combination

Semi-trailer

Other – Forklift etc

PREVIOUS EMPLOYMENT HISTORY

Please provide details, in date order, of previous three positions held:

Company Name	Period of Employment	Position Held	Reason for Leaving

Please provide the names of two referees:

Name	Company	Position	Telephone Number

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Please answer the following questions:

- ☐ Do you have a current Australian driver's licence? Yes/No
If 'Yes' please provide: Number: _____ Class: _____
- ☐ Do you have any court infringements pending that would affect your licence? Yes/No
- ☐ Do you have any criminal convictions? Yes/No
Please provide more details: _____
- ☐ Are you currently awaiting the hearing of any charges in a civil or criminal court of law? Yes/No
- ☐ Do you have physical constraints that may affect or be affected your work performance? Yes/No
- ☐ If 'Yes' please describe _____
- ☐ Do you have any sensitivities/allergy to any chemicals or products.....etc....? Yes/No
If 'Yes' please describe _____
- ☐ Do you have any vision impairment or colour blindness? Yes/No
If 'Yes' please describe _____
- ☐ Do you have any hearing impairments or ear problems that may affect or be affected by work? Yes/No
If 'Yes' please describe _____
- ☐ Are you affiliated with any emergency service volunteer providers, for example CFA, SES? Yes/No
- ☐ Are you a current Australian Defence Reservist? Yes/No
- ☐ Why are you interested in joining the AKD team?

- ☐ What are your personal and career goals?

Please specify the following: Weight: _____ Height _____

Have you received Workers Compensation for any injury or disease during the past five years? If so, please provide details:

Date of Injury	Employer	Injury Type	Disablement Details

You are also reminded that under the terms of the Timber and Allied Industry Award, giving false or inaccurate information may jeopardise the employees right to the entitlement of accident pay. Information disclosed herein in relation to Workers Compensation will not preclude any applicant from equal consideration.

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DISCLOSURE OF PRE-EXISTING INJURIES/CONDITIONS

NAME: _____ DATE: _____

AKD Softwoods is committed to providing a safe working environment for all employees. As part of this, it is our objective to ensure that employees are not required to work in duties that they are not able to perform safely. Please read this document carefully and discuss any queries that you may have prior to formally applying for employment with AKD Softwoods.

Pursuant to Section 82(7) and (8) of the *Accident Compensation Act 1985* which came into effect on 29 June 1998, you are required to disclose to your employer any pre-existing injury or disease that you have suffered of which you are aware. Also, this injury could be affected by the nature of the proposed employment.

We advise that a failure to make a disclosure, or making of a false or misleading disclosure, would disentitle you to compensation pursuant to the *Accident Compensation Act* should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of, or due to the nature of employment with AKD Softwoods. Indeed, AKD Softwoods will rely upon any failure to disclose in accordance with the provisions of the *Accident Compensation Act* as ground for denying compensation in accordance with Section 82(7) and (8).

Please disclose in the space provided any pre-existing injuries or disease that you have suffered which could be affected by the nature of your proposed employment with AKD Softwoods.

Date: _____ Disease/Injury: _____

CONDITIONS OF EMPLOYMENT

I agree that if my application for employment is accepted:

1. To undertake a pre-employment medical or functional assessment and a drug and alcohol urine screen.
2. To use all protective clothing and safety equipment prescribed by the Company and in the manner directed.
3. To report any injury sustained immediately to the relevant supervisor.
4. To work shift work and/or reasonable overtime as required.
5. To abide by all Company Policies and Procedures at present in force, or as notified in the future.
6. That failure to comply with such rules and regulations may render me liable for dismissal.

PLEASE CHECK YOUR ANSWERS CAREFULLY AS ANY INCORRECT OR MISLEADING INFORMATION GIVEN MAY RESULT IN THE CONTRACT OF EMPLOYMENT BEING TERMINATED.

I BELIEVE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant: _____

Date: _____