

# QCIVIL'S

# Application Form

Position Applied for:

Crew

Maintenance

Operator

Truck Driver

Other Details:

## **Personal Details**

First Name:

Surname:

Address:

Suburb:

Postcode:

Date of Birth:

Email Address:

Telephone

Mobile

Gender:

Male

Female

## **Health**

Do you have (or have you had) any disabilities, injury, or illness, which may prevent you (now or in the future) from performing the inherent requirements of the job?  Yes  No

If yes, please specify:

Have you had any Workcover/work related injury or illness insurance claim?  Yes  No

If Yes, please specify:

## **Criminal Conviction**

Have you ever been convicted of a crime other than a minor traffic offence?  Yes  No

If yes, please specify:

Do you have transport to and from work?

*(It is your own responsibility to provide transport for all hours)*

Yes

No

## **Proof of right to work in Australia - please indicate which of the following you will bring with you if invited to an interview:**

Australian passport.

Australian citizen certificate and photo i.d.

Australian birth certificate and photo i.d.

(please note: if born on or after 20/8/1984, this must be accompanied with proof of at least one parent was an Australian citizen at the time of birth.)

New Zealand passport with an Australian immigration entry stamp.

Foreign passport with permanent residency visa.

Foreign passport with visa work conditions 8104, 8105 or 8108.

## **Availability**

Please indicate the time when you are available to work. Please note that these times are only the times and days that you can work. This allows for greater flexibility when scheduling shifts. You may not be rostered for all the hours that you are available.

	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Work from:							
Finish by:							

**Availability cont...**

If you are under 18 years of age and want to work after 8pm at night (any day of the week), your legal guardian must sign here to state they consent to you doing so:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship \_\_\_\_\_

How many days would you want to work each week?

How many hours would you want to work each day?

**Present and Previous Employment** (Please include work experience details)

Dates from - to	Name & Address employer (Please include full postal address & phone number)	Job Title	Duties	Reason for Leaving

Reason(s) for leaving previous employment

If you have no previous employment experience, please give the name and contact details for a personal or educational reference:

Name

Contact Details

**Education Details**

Are you currently attending school/university:  Yes  No

If yes, Year/Level:

If not currently attending: Level Achieved:

Year left School:

Name of School/ University (current or last attended):

Location:

Please list hobbies, interests, sports, etc.

1

2

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**Authorisation and Declaration**

As a condition of my employment, I authorise investigation of all statements contained herein and I understand that misrepresentation or omission of facts called for is just cause for dismissal. I agree to follow the rules and regulations of Government authorities and such rules and regulations that Qcivil may prescribe.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_