

# JOB APPLICATION FORM



## GENERAL DETAIL

Date of application: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Postal address \_\_\_\_\_

Town: \_\_\_\_\_

Post code: \_\_\_\_\_

Phone number (Home): \_\_\_\_\_

Mobile number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: Male Female

Is english your first language:

Yes No

Are you legally able to work in Australia

Yes No

## EMPLOYMENT HISTORY (Most recent position first)

Present Employer / Last Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Duration of employment: \_\_\_\_\_

Duties/ skills involved: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Referee and contact number: \_\_\_\_\_

Employer #2: \_\_\_\_\_

Position: \_\_\_\_\_

Duration of employment: \_\_\_\_\_

Duties/ skills involved: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Referee and contact number: \_\_\_\_\_

Employer #3: \_\_\_\_\_

Position: \_\_\_\_\_

Duration of employment: \_\_\_\_\_

Duties/ skills involved: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Referee and contact number: \_\_\_\_\_

## HEALTH INFORMATION

The position you are applying for will require a medium level of manual handling. It is a prerequisite of employment that all applicants must advise us in writing whether you have any condition [physical or psychological] on work speed which may impact on your ability to carry out the work. We advise that failure to disclose any known condition may under the Accident Compensation Act 1985 render you without entitlement for workers compensation protection for any recurrence, aggravation, acceleration, exacerbation or deterioration of this pre-existing condition.

DO YOU HAVE ANY PHYSICAL DISABILITY/ PRE-EXISTING INJURY OR CONDITION WHICH MAY IMPACT ON YOUR ABILITY TO CARRY OUT YOUR REQUIRED DUTIES?

YES NO

If YES please give details:

DO YOU HAVE ANY WORKCOVER CLAIMS (CURRENT OR OUTSTANDING) AGAINST ANY PREVIOUS EMPLOYERS WHICH MAY IMPACT ON YOUR ABILITY TO CARRY OUT YOUR REQUIRED DUTIES?

YES NO

If YES please give details:

COMPANY: \_\_\_\_\_

AMOUNT OF TIME OFF: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

NATURE OF INJURY: \_\_\_\_\_

COMPANY: \_\_\_\_\_

AMOUNT OF TIME OFF: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

NATURE OF INJURY: \_\_\_\_\_

Failure to disclose this information or to provide a false or misleading disclosure under sub section (8) of the Compensation Act will apply and you will not be entitled to compensation.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT DECLARATION**

I understand I am to be employed initially on a probationary period of up to three months and that during this time my employment may be terminated by the giving or receiving of one day's notice during the first four weeks of employment without and thereafter by the giving or receiving of one week's notice. This does not effect the employer's right to dismiss an employee without notice for act/s of misconduct.

I understand that any misrepresentation of facts in this application will be cause for termination of employed.

The above information will not be used to discriminate on the grounds of sex, marital status, parenthood, race disability or private life.

I declare to the best of my knowledge, information given on this application is accurate and true. I note that my employment may be terminated if any statement is found to be incorrect. I give Mansfield's Propagation Nursery the authority to conduct any relevant search of the information I have provided, including reference checks. I recognise the reason for search into this information to be conducted, and release any company, organisation or person from liability in respect to the search of information to the full extent capable by law.

Applicant's signature:

Date:

**EXPERIENCE QUESTIONNAIRE**

Please give us any details of any experience (work or school related) you have had in any of the following areas

Area of experience	Detail of job or qualification	length of experience in time	Details/ Comments
Tubing			
Propagation			
Sales			
Maintenance			

Do you have any other experience you feel is useful to our Nursery

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