



# Application For Employment

Ref No : SWI5.4-G.01  
 Issue : A  
 Revision : 1  
 Date : 11.03.08  
 Page No. : Page 1 of 4

### Position

Position Applied For	Date
	/ /

### Personal Details

Last Name	First Name	Other(Initials)
Present Address	Phone Number	
	( )	
	Mobile Number	
Licence Class/s	E-Mail	

### Education

Period (m – y)	School and City	Awards
Primary		
Secondary		
Higher		
Business or Vocational		

### Certificates, Licenses, Other Qualifications

Industrial Licenses (Tick as Required)
( ) Forklift ( ) Loader
Certificates, Qualifications (Tick as Required)
( ) Senior First Aid ( ) WHSO ( ) WHSR



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 Page No. : Page 2 of 4

## Employment History

Please provide details of your last 3 jobs you have held, beginning with the most recent.

### Employer 1

Employer Name	Period Employed	Employed As
Employer Address	Reason For Leaving	
Name of your Supervisor		

### Employer 2

Employer Name	Period Employed	Employed As
Employer Address	Reason For Leaving	
Name of your Supervisor		

### Employer 3

Employer Name	Period Employed	Employed As
Employer Address	Reason For Leaving	
Name of your Supervisor		

## Personal References

At least 2 persons, not relatives or former employers, who you have know you at least 1 year

Name and Address	Occupation	Telephone	How long Known

## General Detail's

Are you prepared to have a pre/post employment medical assessment if required to do so?

YES	NO
Details if No :	

Do you have any disability or medical condition that would effect your ability to do the job?

YES	NO
Details if Yes:	

Do you have any objections to enquiries of your present employer regarding qualifications and character?

YES	NO
Details if Yes:	



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## General Detail's cont.

Do you have any objections to us seeking verification and additional information to any matter within this application?	
YES	NO
Details if Yes:	

Sporting Interests or Hobbies

What are your reasons for applying for this particular job?

Do you have anything else to add in support of your application?

## Application For Employment

### Applicant's Agreement

*PLEASE READ THE FOLLOWING STATEMENT CAREFULLY;  
THESE CONSTITUTE THE CONDITIONS UPON WHICH YOU  
MAY BE EMPLOYED.*

1. All information I have provided on this application is accurate to the best of my knowledge and subject to validation.
2. I authorise the persons, school, current employer (if approved by me) and other organisations or employers named in this application to provide any relevant information that may be required to arrive at an employment decision.
3. I understand that:
  - a. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed, termination from employment.
  - b. Although management makes every effort to accommodate individual preferences, business needs frequently makes the following conditions mandatory: overtime, shift work, a rotating work schedule and work schedules other than Monday to Friday.
  - c. Sid's Place manufactures, stores and produce timber related products and as such is a "Smoke Free Workplace". There for Smoking during any shift is not permitted. Management has made accommodation for smokers during normal break periods.
  - d. A medical examination may be required. (Results will be held in confidence by us except where the release of such information is required by law. Also, when certain medical restrictions relate to an individuals ability to perform a job or series of jobs, those restrictions will be communicated to Personnel or Management).

.....  
Applicant's Signature

.....  
Date