



Employee Application Form

Your answers to the questions below are important in enabling AJ Safeworking Pty Ltd to allocate you work that does not place you at risk of injury and to identify actions that may be required to make the job safer for you.

Please answer ALL questions with ticking the appropriate box. If you have difficulty answering question/s please do not hesitate to ask your AJ Safeworking Pty Ltd representative for assistance. After you have completed the questionnaire, please sign where indicated and handback to your consultant.

(Internal Use Only)			
Office:		Employee Number:	
Manager Name:		Manager Phone number:	

Personal Details: Employee to complete							
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss							
First Name:		Middle Name:		Last Name:			
Email Address For Payslip:							
Residential Address	Street Number:		Street Address:				
	Suburb:		Postcode:		State:		
Postal Address - If different from above	Address:						
	Suburb:		Postcode:		State:		
Home Telephone:		Mobile Phone:					
Date of Birth: DD/MM/YYYY		Tax File Number:					
Emergency Contact Name:		Emergency Contact Number:			Relationship to Employee:		
Drivers Licence Number:		Driver Licence Class:					
RIW Number:		RIW Expiry:					
Superannuation Fund:		Member Number:					
Qualifications:	<input type="checkbox"/> SARC <input type="checkbox"/> RISI Card <input type="checkbox"/> HS 2 <input type="checkbox"/> PO 1 <input type="checkbox"/> PO 2 <input type="checkbox"/> PO 3 <input type="checkbox"/> PO 4 <input type="checkbox"/> SW1 <input type="checkbox"/> SW 2 <input type="checkbox"/> TMO <input type="checkbox"/> TVO <input type="checkbox"/> Plant Operator	Brief Description of Experience:					

Medical Details (Employee to complete)

PAST HISTORY

1. Have you been involved in any motor vehicle accidents resulting in personal injury? Yes / No

1a. Please give details of the accidents or 3rd Party claims relating to injuries sustained:

Date of injury: Insurer: _____

Nature of injury/illness: _____

2. Have you suffered back pain or strain injury (including back surgery)? Yes / No If yes, please give details:

3. Have you suffered from shoulder, neck or arm strain? If yes, please give details: Yes / No

4. Have you had a full medical clearance for any injury identified in questions 1, 2 or 3? Yes / No If yes, please give details:

5. Are you receiving any ongoing treatment for injuries identified in questions 1, 2 or 3? Yes / No If yes, please provide details:

6. Do you suffer from any medical condition (including physical, psychiatric, psychological) for which you are receiving treatment? If yes, please give details. Yes / No

7. Have you ever had any surgical procedures and/or radiological investigations e.g. x-rays, CT scans, MRI for any condition? If yes, please give details. Yes / No

8. Have you had OR do you have, any of the following injuries?	Please Circle either Yes / No	If Yes, is it current?
	Yes / No	Yes / No
a. Lower back, neck or thoracic spinal pain?	Yes / No	Yes / No
b. Sciatica?	Yes / No	Yes / No
c. Wrist or elbow pain or weakness?	Yes / No	Yes / No
d. Tenosynovitis, carpal tunnel or RSI?	Yes / No	Yes / No

e. Arthritis, rheumatism or painful joints or other musculoskeletal pain?	Yes / No	Yes / No
f. Any broken bones or torn cartilage?	Yes / No	Yes / No
g. Scars/deformations which may restrict physical movement?	Yes / No	Yes / No
h. Hernia?	Yes / No	Yes / No
i. Diabetes?	Yes / No	Yes / No
j. Epilepsy, dizzy/giddy/fainting spells, blackouts or neurological disorder?	Yes / No	Yes / No
k. Mental health condition including sever anxiety and depression?	Yes / No	Yes / No
l. High blood pressure, chest pain or heart or circulatory trouble?	Yes / No	Yes / No
m. Asthma, chronic bronchitis or other chest problems?	Yes / No	Yes / No
n. Auto Immune Disease or on immunosuppressant medication?	Yes / No	Yes / No
o. Nail infections, or chronic skin infections?	Yes / No	Yes / No
p. Eczema, dermatitis, hives or other skin rashes or complaints?	Yes / No	Yes / No
q. Allergic or adverse reaction to any medicines, vaccinations?	Yes / No	Yes / No
r. Any other allergic or adverse reactions?	Yes / No	Yes / No
s. Any problems with vision or hearing?	Yes / No	Yes / No
t. Any other serious illness?	Yes / No	Yes / No
u. Current health problems, illness or injury related to prev. employment?	Yes / No	Yes / No

If you answered YES to any of above conditions, please give details (e.g. year, diagnosis, treatment):

Health Declaration

I hereby declare that the above statements and answers are true and correct to the best of my knowledge. I have read the inherent job requirements for the position and I understand the listed requirements of the position. I agree to the release of medical information to my prospective employer, AJ Safeworking Pty Ltd that directly relates to my ability to carry out the tasks adequately and safely in this position. I am aware that any false or misleading statements may impact on my appointment or continued employment with AJ Safeworking Pty Ltd.

Print name: _____

Signature of applicant: _____

Date: _____

Australian Work Entitlements - *please complete all questions*

Please indicate your legal work status:

Australian Citizen New Zealand Citizen Australian Permanent Resident

Foreign National, with permission to work (a copy of your passport will need to be provided and AJ Safeworking Pty Ltd will

Are you legally entitled to work in Australia?

Yes No

What documents can you provide to verify your Australian Work Rights?

Australian Birth Certificate Australian Citizenship Certificate
 Australian or New Zealand Passport Evidence of Resident Status

By signing the AJ Safeworking Pty Ltd application form, you are authorising a representative from AJ Safeworking Pty Ltd to conduct a check on the IMMI website to confirm you are entitled to work legally in Australia.

Banking Details (Employee to complete)											
Required Details	Account Information										
BSB Number: (must be 6 digits long)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Account Number: (this is not the number on your key card)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Account Name:											
Name Of Bank:											
Bank Branch:											

I certify that the above information is to the best of my knowledge, true and accurate. I understand that by being allocated work by AJ Safeworking Pty Ltd, they will deduct the necessary tax required by law and that as a condition of employment I must provide my banking details for EFT payment of all wages before I commence work.

Signature: _____

Date: _____

Availability - please complete all questions	
Available:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual (please indicate days and hours below)	
<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	
<input type="checkbox"/> Please state the times you are available to work _____	
Your desired pay rate:	Hourly Rate:
	Yearly Salary:

Employment History - please complete all questions	
Company Name	
Position Held:	
Key Duties:	
Supervisors Name:	Contact Number:
Period of Employment:	
Reason for Leaving:	

Employment History - please complete all questions	
Company Name	
Position Held:	
Key Duties:	
Supervisors Name:	Contact Number:
Period of Employment	
Reason for Leaving:	

References – *these must be work referees that you worked for directly*

1. Referee Name:		2. Referee Name:	
Contact Number:		Contact Number:	
Company:		Company:	
Position:		Position:	

I hereby nominate the individuals listed above to act as referees on my behalf and give authorisation to AJ Safeworking Pty Ltd to contact these individuals. I have advised the individuals listed above that I have provided their names and contact details to AJ Safeworking Pty Ltd for the purpose of seeking a reference.

I also authorise AJ Safeworking Pty Ltd to pass onto its clients, information obtained from my referees that is relevant to the requirements of any position registered with AJ Safeworking Pty Ltd for which I may apply or be considered suitable.

Signature: _____

Date: _____

Criminal History Check

All final applicants will be asked to consent to applicable background checks, including but not limited to a criminal record check. Please note that people with criminal are not automatically barred from applying for this position, unless there is a particular requirement under law. Each applicant will be considered on its merits.

Do you have any convictions which were imposed as an adult and which are less than 10 years old? If yes, please list the offence, date of conviction, and sentence received for each offence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any convictions which were imposed as an adult and which are less than 5 years old? If yes, please list the offence, date of conviction, and sentence received for each offence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any convictions which are over 10 years old (or 5 years juvenile Yes convictions), where the sentence imposed was greater than 30 months' imprisonment? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Role Requirements

The inherent requirements of some roles involve the following functions:

- Repetitive bending and stooping
- Reaching and stretching
- Repetitive kneeling
- Repetitive gripping and handling
- Frequent twisting
- Standing/walking for extended periods
- Regular lifting of weights up to 10kgs
- Work above shoulder heights
- Irregular lifting of weights 10-17kg
- Assisted lifting of weights greater than 17kgs

Please provide details below if you have injuries, illnesses or disabilities of which you believe may prevent you from performing any of the above tasks:

List details:

Please note that if you fail to disclose an existing condition, then any future aggravation of your condition arising out of your employment may be disqualified from compensation under applicable Worker's Compensation legislation.

AJ Safeworking Pty Ltd is committed to protecting your privacy. The information provided by you will be used to assess, evaluate and process your application for recruitment. The information collected on this form, any notes taken at the interview and any further information collected about you throughout other stages of the recruitment process will be used for the purposes of recruitment and selection with AJ Safeworking Pty Ltd.

The information collected through this process may be disclosed to and shared with referees, , third party agents who are contracted to perform recruitment services for AJ Safeworking Pty Ltd from time to time, other organisations that have a vested interest in the recruitment process, and security or government organisations as required.

You have the right to access and update your personal information if it is inaccurate. Please be aware that if you choose not to consent to providing this information, AJ Safeworking Pty Ltd may be unable to make a conclusive decision regarding your prospective employment.

I acknowledge the above and provide my consent to AJ Safeworking Pty Ltd to obtain, collect, use and disclose personal information in the manner described above. I hereby declare that all the information given on this form, signed and dated by me, is true and complete. I understand that providing any false or misleading information is an offence under Australian law and may lead to my employment being reviewed and/or terminated.

I have read and understand the above statement

Name: _____

Signature: _____

Date: _____

(Internal Use Only)

Sign When Completed

Applicant details entered into system

RIW Association

RIW Association Completed

Tax File Declaration Form

Superannuation Choice Form

Notes/Comments:

Received and Entered Date:

File Location: