



# Application for Employment

## **INSTRUCTION**

1. Employee to complete all sections 1, 2, 3, 4, 5, 6.
2. Supervisor to complete section 7 in full.
3. Payroll Officer to ensure form is completed in full.
4. Completed form is filed in the employees personnel file.

*(Please use BLOCK LETTERS to complete this form in full, thank you)*

## **1. DETAILS**

Position Applied for: \_\_\_\_\_ If referral, please nominate whom: \_\_\_\_\_  
 How did you hear about Macweld: \_\_\_\_\_  
 Surname: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
 Given Names: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

## **2. EDUCATION / QUALIFICATIONS**

Secondary education level achieved (eg Year 12): \_\_\_\_\_  
 Additional studies (University, TAFE Courses, certificates etc): \_\_\_\_\_  
 \_\_\_\_\_  
*Please provide copies of any certificates and/or results*  
 Other qualifications or Skills (eg typing, shorthand, languages, trades, licences): \_\_\_\_\_  
 \_\_\_\_\_

## **3. PREVIOUS EMPLOYMENT**

Have you ever been employed by Macweld Industries before? Yes  No   
 If **YES**, in what capacity: \_\_\_\_\_ Year \_\_\_\_\_

Previous Employment (*Please start with the latest position held*):

<i>Company Name</i>	<i>Position Held</i>	<i>Dates</i>	<i>Reason for leaving</i>



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## 4. INJURIES / WORKER COMPENSATION / DISABILITIES

Section 19 of the Occupational Health, Safety and Welfare Act 1986 stipulates our company had a duty of care to each employee to ensure so far as is reasonably practicable that the employees is, while at work, safe from injury and risks to health.

To avoid inadvertently placing you in a risk situation, we need to ensure we have done everything reasonable practicable to satisfy ourselves that you are physically capable of performing the tasks associated with any assignment for which you would normally be considered. To satisfy our responsibilities, please answer the following questions and sign the authority.

1. **Have you any pre-existing injury or disability, which may put you or the health or safety of any other person at risk in any work situation (eg Asthma, skeletal weakness, muscular deficiency)?**  
 Yes  No  If YES, please give details

\_\_\_\_\_

\_\_\_\_\_

**Have you previously made any Workers Compensation claims? Yes  No**   
**If YES, please supply the following details:**

<i>Year of Disability</i>	<i>Nature of Injury/illness</i>	<i>Duration of Disability</i>	<i>Current Restrictions</i>

2. Section 112(2) of the Workers Rehabilitation and Compensation Act 1986 allows disclosure of WorkCover information by the Corporation and or its Agents if it is made with the consent of the person to whom the information relates.

**Do you consent to us confirming the above WorkCover details? Yes  No**   
**If YES, please sign the following authorization below.**

I consent to Macweld Industries Pty Ltd obtaining from WorkCover or their nominated Claims Agent, disclosure of any previous Workers Compensation claims in my name. I understand any information so provided to Macweld Industries Pty Ltd.

- a) is only to be used in the assessment of my capacity to perform the required duties of individual work assignments:  
*and*  
 b) is to remain confidential and will not be divulged to any other party without my express written consent.

Workers Name: \_\_\_\_\_ Workers Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Macweld Industries Pty Ltd Representative: \_\_\_\_\_

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

**4. INJURIES / WORKER COMPENSATION / DISABILITIES (continued)**

I agree to provide Macweld Industries with any relevant medical information that will affect my ability to perform my work. I understand that any false statements may bring instant dismissal. If successful in my application I agree to comply with all relevant Safety requirements of Macweld Industries Pty Ltd.

- a) **Do you have any pre-existing medical conditions that may impact your ability to carry out your job, or may put you or others at risk in the workplace? Eg back injury/spinal disorder or damaged discs or strain, asthma, diabetes, epilepsy, etc** Yes  No
- b) **If you answered YES to the above, please explain in detail below:**

	1	2	3
Disability of Medical Condition			
Date(s) occurred			
Ongoing Medical Treatment required			
Degree of disability ie Full, Partial			
Time lost from work (if any)			
Name(s) and address of Doctor(s) consulted.			

This disclosure of the above information will not impede, your opportunity to gain employment, however, Macweld Industries requires this information to ensure you are not placed in a environment which may put you at risk.

I \_\_\_\_\_ give Macweld Industries permission to discuss the above-mentioned medical condition(s) (if relevant to the work in which Macweld Industries place me), with my consulting Doctor(s) as stated above.

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

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

**5. GENERAL**

Have you ever been convicted of a criminal offence? Yes  No

If **YES**, please provide details: \_\_\_\_\_

Are you prepared to work night shift if required? Yes  No

Are you prepared to travel to site if required? Within SA Yes  No   
Interstate Yes  No

Do you accept that permanent employment at Macweld Industries is subject to a mutually agreed probation period? Yes  No

How much notice do you require before commencing employments \_\_\_\_\_ Days \_\_\_\_\_ Weeks



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## 6. DECLARATION

I declare that the information provided in this application is complete, true and correct.

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

Signature: \_\_\_\_\_

## 7. OFFICE USE ONLY

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Reference Check

Referee Name: \_\_\_\_\_ Referee Company: \_\_\_\_\_

Referee Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical examination to be carried out on: \_\_\_\_\_ Date: \_\_\_\_\_

Probation period agreed to: \_\_\_\_\_ weeks

Capacity of Employment:

Full-time  Part Time  Casual

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

Application Approved: \_\_\_\_\_

*Signed by Manager / Supervisor for the area*