



ABN 88 070 804 296

Winner
2004 Alcoa Global
EHS Award



Head Office
20 Tennyson Street
PO Box 986
Williamstown, Vic, 3016
Ph: (03) 9399 9409
Fax: (03) 9399 9747

Geelong Site
330 Forest Road
Lara, Vic, 3212
Ph: (03) 5275 6400

APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date: _____

If Tradesperson - Where apprenticed: _____

Surname: _____ Given Names: _____

Address: _____ Suburb: _____

Post Code: _____ Telephones: _____

Date of Birth: _____ Marital Status: _____

Certificates and Tickets

Do you Hold:

Australian Passport/Birth Certificate **YES/NO** _____

Driver's Licence YES/NO _____

Trade Certificate YES/NO _____

Licence to Perform High Risk Work YES/NO _____

First Aid Certificate YES/NO _____

Asbestos Certificate YES/NO _____

White Card YES/NO _____

AMWU, CFMEU, AWU YES/NO _____

Other Certificates

Other Certificates

(PLEASE PROVIDE A COLOR PHOTOCOPY OF ALL LICENSES, CERTIFICATES & DOCUMENTS SUPPORTING YOUR RIGHT TO WORK IN AUSTRALIA)

Forward to: info@wsm.melbourne or PO Box 986 Williamstown, Vic, 3016.

Employment History

Last or present position

Employers Name: _____

Address: _____

Position Held: _____

From: _____

To: _____

Reason for Leaving: _____

Duties & Responsibilities: _____

Employers Name: _____

Address: _____

Position Held: _____

From: _____

To: _____

Reason for Leaving: _____

Duties & Responsibilities: _____

Employers Name: _____

Address: _____

Position Held: _____

From: _____

To: _____

Reason for Leaving: _____

Duties & Responsibilities: _____

Referees: **Work Related** *(Confidentiality will be respected)*

| NAME | OCCUPATION | TELEPHONE |
|------|------------|-----------|
| | | |
| | | |
| | | |

Do we have your consent to contact these people?

YES/NO

Personal Health:

Have you undergone a medical examination in the past 12 months? YES/NO

(If yes provide medical certificate)

Do you have or have you ever had any problems relating to the following: YES/NO

If yes please indicate

Respiratory Wrists
Back Neck Muscles Eyes Hands Hips
Knees Ankles Feet Shoulder Elbows Other

Details: _____

Are you prepared to undergo a medical examination: YES/NO

Are you aware of any other circumstance which might adversely affect your long term employment with this Organisation: YES/NO

Please give details: _____

General Information:

- 1 Are you currently employed? YES/NO
- 2 If you are offered employment when could you commence? _____
- 3 Have you ever been employed by this Company? YES/NO
If yes, state where and for what period _____
- 4 Are you prepared to work shift work at short notice when required? YES/NO
- 5 Work at Heights? YES/NO
- 6 Are you prepared to wear Personal Protective Equipment as per the Company rules (it is a mandatory act)? YES/NO
- 7 Do you accept that the provisions of employment as based on the Company Employment Agreements? YES/NO
- 8 Do you accept that you may or can be transferred from any site at any time, to accommodate the needs of the business? YES/NO
- 9 The information I have provided in this application is true and correct? YES/NO
- 10 That any details not supplied on this application can be requested by the Company prior to commencement of employment? YES/NO
- 11 The Company reserves the right to review any information and at its request you agree to support or supply information to update your application? YES/NO

Signature: _____

Date: _____

docpath x:/admin/forms/application for employment2010