

EURO VENTURES PTY LTD
(ABN:67 130 233 448)
Unit 2, 788, Marshall Road
MALAGA
6090 WA



APPLICATION FOR EMPLOYMENT

Position applied:

Surname:

First names:

Sex:

Address:

Email address:

Phone:

Mobile:

Date of birth:

Age:

In case of emergency, contact:

EDUCATION (highest attained):

PHYSICAL/HEALTH HISTORY

Important: Section 79 of the Workers Compensation & Injury Management Act 1981 “ Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for own injury, willfully and falsely represented themselves as not having previously suffered from the injury, an arbitrator may in the arbitrator’s discretion refuse to award the compensation which otherwise would be payable.

Please specify any pre-existing medical condition/injuries/claims that may affect work you are applying for.

(Please mark (x) for appropriate responses)

Are you looking for:

Full time work:

Part time work:

Do you suffer from any back, neck, shoulder or knee complaint?

Yes:

No:

If Yes, give details:

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Are you an Australian resident?

Yes:

No:

Do you have your own car to travel to work?

Yes:

No:

Have you ever been convicted of a crime either in Australia or overseas?

Yes:

No:

If Yes, give details:

.....

Are you able to obtain police clearance?

Yes:

No:

Are you Aborigines or Torres Straits Islander?

Yes:

No:

Are you required to take medication that may affect your work performance?

Yes:

No:

How many days have you had off from work in the past 3 years for illness?

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Are you willing to take a medical examination?

Yes:

No:

Please state the condition (s) you have had at any time in your life:

Blood pressure:	Arthritis/Rheumatism:
Lung problems/Asthma:	Mental/Nervousness problems:
Hernia:	Loss of hearing/ear infections:
Fits/Seizures/Blackouts:	Visual impairment:
Persistent headaches/migraines:	Stomach problems/Ulcers:
Diabetes (sugar):	Hepatitis/Jaundice/Liver problem:
Any joint problem/fractures:	Skin disorder/Dermatitis:
Repetitive strain/Overuse injury:	

How did you hear about us?

Signboards:
Website:
Advertisements:
Flyers/Newspapers:
SEEK:
Referral by friends:
Employment agency:

Details of last 2 employers:

Date of employment:
Company:
Position:
Duties:
Contact:
Reasons for leaving:

Date of employment:
Company:
Position:
Duties:
Contact:
Reasons for leaving:

STATEMENT:

“I acknowledge that any misrepresentation by me of any facts herein is sufficient cause for my immediate dismissal without any further reasons being given”

Yes:
No:

Date:

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