

# Employment Application FORM



Thank you for expressing your interest in working with us. To assist with your employment application, we ask that you please provide the following information. If you have any questions, please raise them with the interviewer.

## Personal Details

Name:		Preferred Name:	
Address:			
Mobile Number:		Date of Birth:	
Email:			
Drivers Licence:	Yes	No	Class:
Do you have your own transport?		Yes	No
Are you an Australian citizen or permanent resident?		Yes	No
If you answered NO above, are you eligible to work in Australia?		Yes	No
<i>If you are not an Australian citizen or permanent resident, you will be required to provide proof of eligibility to work in Australia.</i>			
Have you ever worked for one of our businesses?		Yes	No
<i>(Soak It, Evolve, Eureka Landscapes, Tubestock Nursery, Plant Up)</i>			
Are you currently working for a labour hire business (e.g., AWX)		Yes	No
If you were to be offered a position with us, when could you start work?			
Due to the nature of our business, our employees are at times required to work a Fly In Fly Out (FIFO) or a Drive In Drive Out (DIDO) roster. Are you able to participate in a FIFO or DIDO roster system?		Yes	No

## Disclosure of Criminal Convictions

Do you have any convictions which were imposed as an adult, and which are less than 10 years old?	Yes	No
If YES, please list the offence, date of conviction, and sentence received for each offence:		
Do you have any convictions which were imposed as a juvenile and which are less than 5 years old?	Yes	No
If YES, please list the offence, date of conviction, and sentence received for each offence:		
If you are applying for a role that involves financial responsibility and control of money, please advise if you ever been declared bankrupt.	Yes	No

## Notification of Previous Injuries and Medical Conditions

We require you to provide information regarding any injuries or medical conditions you may have or have had which could reasonably be expected to be aggravated by performing the duties of the position you are applying for.

**IMPORTANT:** If you do not comply with this request or supply false or misleading information you will not be entitled to compensation or damages under the Act for any event that aggravates the non-disclosed pre-existing injury or medical condition.

**IMPORTANT:** Refer to the **Position Description** for the job applied for as this contains a detailed description of the duties you will be expected to perform in the role. If you require any clarification regarding any of the duties contained in the Position Description you **should** seek clarification from the interviewer.

Have you suffered a medical condition, injury or disease which could reasonably be aggravated by performing the duties of the position you are applying for?	Yes	No
If YES, please provide details of the medical condition/s/injury/s and/or disease/s:		
Are you taking any medication or is there any special treatment or any medical ailment (e.g., life threatening allergy or reaction) that a First Aid Officer should know about if you are involved in an accident or fall ill?	Yes	No
If YES, please provide details:		
Do you provide consent for Eureka Landscapes to access your Worker's Compensation Claims History?	Yes	No

## Declaration

I declare that all information contained in this application is true and accurate. I understand that if I give false or misleading information in this application, I may be liable to dismissal without notice and / or denial of Workers Compensation Claims. I additionally understand that the personal information requested in this form is collected under relevant State legislation and is treated in the strictest confidence. The information will not be disclosed except where there is legislative requirement.

Name:	
Signature:	
Date	

**Thank you for providing us with this important information!**