

Application for Employment Form

Position: _____ **Preference:** Full Time Part Time Casual

Where did you hear about this employment opportunity? Seek The West Australian
 Activ's Website Staff Referral Community Papers Other, please specify: _____

Personal Details: Mr Mrs Ms Miss

Family Name: _____ Given Names: _____
 Address: _____ P/Code: _____
 Home Phone No: _____ Mobile No: _____
 Email Address: _____ Are you under 18 years of Age? Yes No

Are you an Australian Citizen / Permanent Resident or hold a valid Australian Working Visa? Yes No
 Do you have a current Western Australian Driver's Licence? Drivers Licence No. _____ Yes No
 If you hold an Australian Working Visa, please provide details including the expiry date:

Convictions:

1. Do you have any current convictions, not more than 10 years old, for any offences from any court, or are you currently the subject of any charge pending before any court? Yes No

2. If yes, please provide details: _____

NB: A criminal record does not necessarily disqualify an applicant. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully before a final decision is made.

Health:

1. If required, are you prepared to undertake a Pre-Employment Medical? Yes No

2. Do you have any health related problems, disabilities or injuries that may affect your performance in this position or the safety of others? Yes No

3. If yes, please provide details: _____

4. Have you ever claimed workers' compensation or are you currently receiving workers' compensation payments? Yes No

5. If yes, please provide the following details:

Date of Accident	Name of Employer	Type of Injury sustained	Status of Claim (e.g. finalised, ongoing etc)

NB: The information you provide in this section will be reviewed to assist in assuring you are employed in a manner that would not adversely affect your health. All information will be treated in the strictest confidence and would only be released as permitted by law. Failure to provide information may jeopardize your rights to workers' compensation if a pre-existing injury is aggravated at work (Section 79 of the Worker's Compensation and Rehabilitation Act 1981).

Declaration:

1. I understand that employment with Activ is conditional upon production of evidence regarding Australian Citizenship or Permanent Residency or Visa/Work permit status, a satisfactory National Police Certificate and State Traffic Convictions Certificate and pre-employment medical if required.

2. I declare that all information provided in this application is true in all respects.

3. I understand that any misrepresentation of facts in this application could be cause for termination, if employed.

Applicant's Signature: _____ Date: _____