

APPLICATION FOR EMPLOYMENT

Name: _____

Address: _____

_____ Post Code: _____

Telephone Hm: _____ Mobile: _____

Drivers Licence: Yes / No

Own Transport: Yes / No

Educated at: _____

Date of last medical examination: _____

Are you prepared to have a medical examination at our expense? Yes / No

Can read, write and understand English? Yes / No

HISTORY OF EMPLOYMENT:

1. Employers Name: _____

Address: _____

Telephone: _____

Period of Employment: (from – to) _____

Reason for Leaving: _____

2. Employers Name: _____

Address: _____

Telephone: _____

Period of Employment: (from – to) _____

Reason for Leaving: _____

REFERENCES: _____

SPORTING ACTIVITIES: _____

HOBBIES: _____

P.T.O.

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF IN THE EVENT OF AN EMERGENCY? (eg. asthma, epilepsy, haemophilia, diabetes, heart condition)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

HAVE YOU HAD ANY INJURIES THROUGH PREVIOUS EMPLOYMENT?

Type of Injury 1. _____ Name of Employer _____

Type of Injury 2. _____ Name of Employer _____

Type of Injury 3. _____ Name of Employer _____

SIGNED BY APPLICANT: _____ DATE: _____

It is a condition of employment that all new employees are employed on a three (3) month trial basis.

MB Pre-Fab Use Only

INTERVIEWERS COMMENTS AND OBSERVATIONS:

FORMER EMPLOYERS REPORTS:
