

F664 Employment Application Form



Version Date: 1 July 2014
Version Number: 001

Employment Application Form

You **MUST** provide the following Certificates / Cards to lodge your application:

- White/Blue Card** or Work Safely in the Construction Industry CPCCOHS1001A
Certificate/Card #
- Drivers Licence**
Licence #
Expiry Date:
Class: C MR MC HR HC [please circle]

We are happy to copy them for you.

Additional qualifications may include:

- Basic Workplace Traffic Management
Certificate/Card #
- Chainsaw
Certificate #
- EnergySafety Certificate
- First Aid Certificate
Certificate #
- High Risk Licence: WP
Certificate/Card #
- SO, LV or HV Powerline
Certificate #
- Water Corporation Induction
Certificate/ Card #

1. PERSONAL DETAILS

NAME:		DOB:	
ADDRESS:			
PHONE:			
MOBILE:			

2. INDUSTRY RELATED EXPERIENCE

Circle appropriate level of experience.

	None	Minimal	Reasonable	Extensive
EWP				
Chainsaw				
Stump Grinder				
Harness				
Truck				
Rope Work				
Climbing				

3. WORK EXPERIENCE

Please provide details of any relevant qualifications or experience you may have

4. CRIMINAL HISTORY

Do you have any past or pending criminal charges:	YES	NO
IMPORTANT NOTE: Section 79 of the <i>WorkCover Western Australia Act</i> provides the WorkCover Board discretion to refuse to award payments which would otherwise be payable where it is proved that the worker has, at the time of entering or seeking employment wilfully and falsely representing himself or herself as not having previously suffered from the disability, the subject of the claim.		

5. PREVIOUS EMPLOYMENT HISTORY

Please start with most recent or present position.

EMPLOYER	POSITION	DUTIES	DATES	REASON FOR LEAVING

6. REFEREES

Please provide two (2) references

NAME	POSITION	COMPANY	PHONE

7. OTHER

Hobbies, Leisure or Sporting interests:

Do you have any known physical or health problems likely to affect your ability to undertake this position? If yes, please specify:	YES	NO

Are you prepared to undertake a medical assessment to ensure your suitability for the position applied for:	YES	NO
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In the event of a workplace accident, would you agree to be examined by a doctor nominated by the company?	YES	NO
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Are you prepared to abide by all the company Safety Policies and procedures as directed?	YES	NO
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Are you by any means related with a current employee of Beaver Tree Services? If yes, please provide details:	YES	NO
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EMPLOYEE NAME:	RELATIONSHIP:

8. MEDICAL HISTORY REPORT

Are you currently being treated by any doctor for any illness?	YES	NO
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Are you currently taking any regular medication?	YES	NO
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Have you had any operations or major illnesses?	YES	NO
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Have you ever had any broken bones?	YES	NO
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Have you been immunised against Tetanus and Hepatitis B?	YES	NO
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Have you ever injured yourself at work or suffered an industrial disease? If yes, please provide details:	YES	NO

Have you ever been on Workers Compensation? If yes, please provide details:	YES	NO
YEAR:	NATURE OF INJURY:	EMPLOYER:
YEAR:	NATURE OF INJURY:	EMPLOYER:

Have you ever lodged a hearing loss claim? If yes, please provide details:	YES	NO
YEAR:	NATURE OF INJURY:	COMPANY:

Do you have any allergies or medical conditions likely to affect ability to perform duties? If yes, please provide details:	YES	NO

Do you smoke?	YES	NO
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Have you ever suffered from:		
• Wheezing, Bronchitis or Asthma?	YES	NO
• Diabetes	YES	NO
• Blood pressure or heart condition?	YES	NO
• Stomach pain or ulcer?	YES	NO
• Excessive noise exposure?	YES	NO
• Skin disorders?	YES	NO
• Chronic ear infection?	YES	NO
• Blackouts?	YES	NO
• Head injury / concussion?	YES	NO
• Hernia?	YES	NO
• Drugs or alcohol?	YES	NO
• Noise induced hearing loss?	YES	NO
• Colour blindness?	YES	NO
• Eye condition requiring medical attention?	YES	NO
• Neurosis or nervous condition of any kind?	YES	NO
• Anxiety attacks?	YES	NO

Have you ever had any trouble with:		
• Back / Spinal?	YES	NO
• Wrists / Elbows?	YES	NO
• Ankles / Knees?	YES	NO
• Neck?	YES	NO
• Muscular?	YES	NO

Do you normally wear prescribed spectacles or contact lenses? If yes, please provide details:		YES	NO

Have you ever had any other accidents, illnesses or operations (whether caused by previous employment or not)? If yes, please provide details:		YES	NO

Have you ever had any accidents, illnesses or operations NOT caused by previous employment? If yes, please provide details:	YES	NO

Have you ever had any accidents, illnesses or operations resulting from sport, recreation or school activities? If yes, please provide details:	YES	NO

Have you ever been treated for drug or alcohol dependency / abuse / overdose? If yes, please provide details:	YES	NO

Have you ever had psychiatric treatment / counselling of any kind? If yes, please provide details:	YES	NO

NOTE You are warned by virtue of the provisions of the *Workers Compensation Act 1971 (as amended)* you will not be able to receive compensation for any of the injuries / illnesses listed in this application in respect of which you give a wilful and false answer.

DR'S NAME:	
DR'S ADDRESS:	

PHONE:	
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I hereby certify that the statements and information provided in this application form are true and correct to the best of my knowledge and belief. I authorise Beaver Tree Services to investigate all statements or other information contained in this application form and any attachments submitted with it, unless I have stated in writing to the contrary.

Signature Date/...../.....

Applicant