



JFK ENGINEERING PTY LTD

32 DAVISON STREET, MADDINGTON WA 6109
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APPLICATION FOR EMPLOYMENT

APPLICATIONS MUST BE COMPLETED IN FULL TO BE PROCESSED

POSITION APPLIED FOR: _____ **DATE:** _____

1. NAME IN BLOCK LETTERS

Mr / Ms / Mrs / Mr (PLEASE CIRCLE ONE)

Surname: _____

Christian Name: _____ Other Names: _____

2. RESIDENTIAL ADDRESS

Street No. & Name: _____

Suburb: _____ State: _____ Post Code: _____

Tel Home No.: _____ Mobile: _____

Other Contact: _____

3. DATE OF BIRTH: _____

4. DO YOU HAVE A DRIVERS LICENCE?

If yes, License No.: _____ Classification: _____

5. ARE YOU AN AUSTRALIAN CITIZEN?

YES / NO

If no, do you have the right of permanent residency or a work permit?

YES / NO

6. EDUCATION DETAILS

_____ From _____ To _____

_____ From _____ To _____

7. QUALIFICATIONS

What trade qualifications do you hold? (I.e. Trade Certificates, Advanced Trade Certificates)

7.1 APPRENTICESHIP (FOR TRADE POSITIONS ONLY)

Do you have Apprenticeship papers?

YES / NO

In what trade was your apprenticeship?

What was the name and address of the employer where you served your apprenticeship:

Name: _____

Address: _____

7.2 DO YOU HAVE ANY OTHER RELEVANT QUALIFICATIONS / CERTIFICATES LIICENCE OR ATTENDED ANY COURSES?

7.3 SOLAS / HUET (OR EQUIVELENT)

Facility where completed: _____

Card No.: _____ Expiry Date: _____

8. HEALTH

To the best of your knowledge and belief are you of sound health? **YES / NO**

If no, please give details _____

9. WORKERS COMPENSATION CLAIM

A previous Workers Compensation claim is NOT a barrier to consideration of an application for employment, however, to assist in assessing opportunities for your placement in appropriate employment.

Please indicate if you have ever made a claim for Workers Compensation? **YES / NO**

If YES, Please give details: _____

All details supplied must be relevant for the last 6 years. This section must be completed in full.

10. EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYER

Company: _____

Address: _____

From: _____ To: _____

Position Held / Location: _____

Duties: _____

Supervisors Name: _____ Contact No.: _____
(Interstate or International Area Codes)

CURRENT OR MOST RECENT EMPLOYER

Company: _____

Address: _____

From: _____ To: _____

Position Held / Location: _____

Duties: _____

Supervisors Name: _____ Contact No.: _____
(Interstate or International Area Codes)

CURRENT OR MOST RECENT EMPLOYER

Company: _____

Address: _____

From: _____ To: _____

Position Held / Location: _____

Duties: _____

Supervisors Name: _____ Contact No.: _____
(Interstate or International Area Codes)

Section 70 of the Workers Compensation and Rehabilitation 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 a disability, wilfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable”

11. MEDICAL HISTORY

PLEASE ANSWER ALL QUESTIONS

1. HAVE YOU?

A. Seen a doctor in the last 12 months? **YES / NO**

Reason _____

B. Any current medical problems? **YES / NO**

Type of Problem _____

C. Had any workers compensation claims resulting in time off work? **YES / NO**

Type of Injury _____

D. Any workers compensation claims ever resulting in more than 5 days off normal duties? **YES / NO**

Type of Injury _____

E. Been unable to perform your normal activities (home and work) for more than 5 days due to injury or illness? **YES / NO**

Reason _____

F. Had a Tetanus injection in the last ten years? **YES / NO**

2. ARE YOU CURRENTLY?

A. Receiving treatment from a doctor, chiropractor, or physiotherapist? **YES / NO**

Nature of Treatment _____

B. Taking any medicines? **YES / NO**

3. DO YOU HAVE, OR HAVE HAD?

A. Asthma **YES / NO**

B. Angina / chest pains / heart attack **YES / NO**

C. High blood pressure **YES / NO**

D. Dizzy / fainting attacks **YES / NO**

E. Epilepsy /seizures **YES / NO**

F. Diabetes **YES / NO**

G. Neck / shoulder blade pains **YES / NO**

H. Low back pain **YES / NO**

I. Loss of vision (one or both eyes) **YES / NO**

J. Hearing loss **YES / NO**

K. Joint pain (shoulders, elbows, knees, ankles, wrists hands) **YES / NO**

L. Broken bones **YES / NO**

4. CAN YOU?

A. Wear protective gloves **YES / NO**

B. Wear hearing protection **YES / NO**

C. Wear protective shoes **YES / NO**

5. DO YOU HAVE PROBLEMS WITH?

A. Chemicals? **YES / NO**

Which Chemicals? _____

B. Hot / Cold conditions? **YES / NO**

Comment _____

C. Rotating / Altering shift work? **YES / NO**

Comment _____

ATTACHMENTS

Mark boxes where copies have been provided

- Drivers License and other relevant Licenses
- Trade papers and Apprenticeship papers
- Solas / HUET Cards
- Any other certificates or relevant information to assist this application
E.g. Riggers, Scaffolding, Crane Operators etc.

DECLARATION

JFK Engineering is an equal opportunity employer and we will not discriminate on the basis of race, religion, national origin, sex, age, handicap or marital status. Information pertaining in this form is highly confidential and is not used for any discriminatory purposes.

1. (If employed) I shall adhere to ALL company policies and regulations.
2. I certify that the information set out above is, to the best of my knowledge true and accurate in every detail
3. I understand the company reserves the right to verify all information and any false statements will be sufficient cause for my rejection as an application, or my dismissal if employed.
4. I agree to have a pre-placement examination and further examinations during my employment, if required to do so by JFK Engineering.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE RETURN THIS APPLICATION TO:

**PERSONNEL MANAGER
JFK ENGINEERING
32 DAVISON STREET
MADDINGTON WA 6109**