

**NATIONWIDE
PTY LTD**

APPLICATION FOR EMPLOYMENT

Private and Confidential

POSITION APPLIED FOR:		
PERSONAL DETAILS		
SURNAME:	GIVEN NAME/S:	TITLE: (Mr, Mrs, Ms, Miss)
HOME ADDRESS:	HOME TELEPHONE No:	MOBILE No:
POST CODE:		
DATE OF BIRTH: / /	DRIVERS LIC. No:	CLASS:
WHICH STATE		EXPIRY DATE:
AUSTRALIAN CITIZENSHIP Yes <input type="checkbox"/> No <input type="checkbox"/>	VISA DETAILS IF APPLICABLE?	
PLEASE DESCRIBE YOUR GENERAL STATE OF HEALTH:		
Is there any medical condition that could impact on you effectively performing the tasks associated with the position you have applied for? If yes please provide details below. Yes <input type="checkbox"/> No <input type="checkbox"/> (circle)		
Please complete the attached questionnaire as it relates to any illnesses or injuries that you have suffered from or currently suffer from.		
Have you ever submitted a Workers Compensation Claim? Yes <input type="checkbox"/> No <input type="checkbox"/> (circle)		
If yes, please specify details and dates:		
Please note: 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 himself/herself as not having previously suffered from the disability, the responsible authority in each State may in its discretion refuse to award compensation which otherwise would be payable.		
Please note the Company reserves the right to seek a medical opinion as to your general state of fitness.		

EDUCATION/QUALIFICATIONS			
<i>(Please attach copies of any certificates, awards)</i>			
	SCHOOL, COLLEGE OR INSTITUTION ATTENDED	STANDARD ATTAINED	YEAR COMPLETED
SECONDARY:			
APPRENTICESHIP:			
TERTIARY CERTIFICATES/DIPLOMAS /DEGREES:			
Please provide details of additional training courses or further studies attended relevant to the position you have applied for:			

EMPLOYMENT HISTORY

(Detail Present or Last Position Held First)
(Please attach your resume if you have one)

EMPLOYER	POSITION HELD	FROM / TO	REASON FOR LEAVING

As it relates to your current position, how much notice must you give?

Current salary and other paid benefits?

HOBBIES/SPECIAL INTERESTS/ASSOCIATIONS

Do you possess a current first aid certificate? Yes No (circle)

Please provide below any additional information you feel is relevant to your application.

REFERENCES

(Please attach written references)

Please provide below details of at least three (3) referees we are able to contact from your previous employment prepared to give a verbal reference. (note: relatives will not be accepted)

NAME:	POSITION AND EMPLOYER:	TELEPHONE No:

May we contact your current employer for a reference? Yes No (circle)

If yes, please state name and position of person to contact.

Name: _____ Position: _____ Contact phone no: _____

I acknowledge and declare that the information provided in this application are complete and accurate in every detail. I understand that should any information that I have provided be found to be false or misleading, my contract of employment may be instantly terminated without notice.

A police clearance certificate is also a condition of employment with Nationwide Pty Ltd.

APPLICANTS SIGNATURE:

DATE:

(Note: Nationwide Pty Ltd is very careful to protect the privacy of individuals and all information disclosed in this application is treated strictly confidentially. Information provided will only be used in accordance with the Privacy Act requirements as amended from time to time.)

Should you be unsuccessful in your application, please advise if you would like your details kept on file for 6 months, resume returned (if supplied) or destroyed immediately.

Destroyed Retained Resume returned

OFFICE USE ONLY

DATE APPLICATION RECEIVED: / /	APPLICATION FILE NO (if applicable):
CLASSIFICATION	AWARD(if applicable):
EMPLOYEE No:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/>
SALARY/WAGE RATE:	OTHER BENEFITS PROVIDED:
POLICE CLEARANCE CERTIFICATE: STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/>	I.D. CHECKED. DRIVING LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> BIRTH CERT <input type="checkbox"/>
LENGTH OF PROBATION PERIOD: 2 MONTHS <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> LONGER <input type="checkbox"/>	
IF LONGER STATE LENGTH OF PERIOD:	
IF SUCCESSFUL, EMPLOYMENT COMMENCEMENT DATE:	
IF UNSUCCESSFUL, WHETHER RESUME RETURNED TO APPLICANT, RETAINED OR DESTROYED <i>(If returned, date sent)</i>	

Please complete and return to:

Managing Director
Nationwide Pty Ltd
Po Box 1545
CANNING VALE
Western Australia 6970

Tel: +61 (08) 9256 1177

Fax +61 (08) 9256 1188

Nationwide Pty Ltd.,
An Organisation Registered in Western Australia
ACN 077 377 756

MEDICAL QUESTIONNAIRE

Do you or have you ever suffered from:

Back Injury?

Yes No

Details _____

Neck/Shoulder/Wrist/Knee sprains or strains?

Yes No

Details _____

Chest or Heart Disease?

Yes No

Details _____

Infection of Nose, throat or Ear?

Yes No

Details _____

Diabetes?

Yes No

Details _____

Asthma?

Yes No

Details _____

Skin Trouble or Dermatitis?

Yes No

Details _____

Eyesight Deficiency?

Yes No

Details _____

Bone or Joint problem ?

Yes No

Details _____

Any history of Hepatitis?

Yes No

Details _____

Hernia?

Yes No

Details _____

Fits/Fainting/Attacks or Blackouts?

Yes No

Details _____

Vertigo or Epilepsy?

Yes No

Details _____

Do you smoke ?

Yes No

Thank you for your responses