

30-38 Joan Street. Bungalow QLD

(07) 4055 5666

APPLICATION FOR EMPLOYMENT

| Date of Application Surname Address Home Phone | | | Position applied for Given Names | | | | |
|---|-----------------|-------------------|-----------------------------------|---|-------|------------------------|--|
| | | | | | | | |
| | | | Mobile Phone | | | | |
| | | | Date of Birth | _// | / | Your current salary \$ | |
| Do you have a Tax File Number (TFN)? Yes | | | No (To be provided if successful) | | | | |
| Do you hold a curren | t Driver's Lice | nce? Yes | No Licence class | | | | |
| (Licence details will b | e verified in a | ccordance with S | State requirements) | | | | |
| Do you have Fork lift | licence? | AFRA Accre | editation? Blue care | d? | | | |
| What is your preferre | d time away fi | om home? Co | nstantly / Regularly / Occasi | onally / Nev | er | | |
| | | | | | | | |
| EXPERIENCE | | | | | | | |
| How many years exp | erience have | you had in the fu | rniture removal industry? | | | | |
| Have you had experience with the following? | | | Do you feel competent wi | Do you feel competent with the following? | | | |
| Pack: | Yes | No | Pack: | Yes | No | | |
| Inventory: | Yes | _ No | Inventory: | Yes | No | | |
| Loading: | Yes | _ No | Loading: | Yes | No | | |
| International wrapping: Yes No | | | International wrapping: | Yes | No | | |
| | | | | | | | |
| PREVIOUS EMPLO | YMENT (List n | nost recent posit | ion first). If resume attached, | , do not com | plete | | |
| DATES FROM /TO POSITION HELD | | COMPANY | REASON | REASON FOR LEAVING | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | • | | • | • | | | |
| PROFESSIONAL RE | FEREES | | | | | | |
| NAME | | POSITION | COMPANY | CONTACT NUMBER | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Keffords Removals



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| Have you ever been convicted of any criminal offence? | Yes | No |
|--|----------------------------|----------|
| If yes, state particulars: | | |
| Are you on a prohibited list of working with children? | Yes | No |
| PHYSICAL RECORD | | |
| Have you ever received any serious injury? | Yes | No |
| Have you ever had any serious illnesses? | Yes | No |
| Do you have any deformity or physical impairment? | Yes | No |
| Is your eyesight or hearing in any way deficient? | Yes | No |
| Do you have any pre-existing injuries or illness? | Yes | No |
| Have you ever applied for Worker's Compensation? | Yes | No |
| If you have answered Yes to any of the previous physical record qu | uestions, please state par | ticulars |

TO BE READ AND SIGNED BY ALL APPLICANTS

It is agreed and understood that:

- 1. Completing this application will in no way assure that I will be employed.
- 2. This application was completed by me; all entries and information on it are true and complete to the best of my knowledge and any misrepresentation of information given shall be considered an act of dishonesty and I understand that any falsification or misrepresentation herein could result in my discharge in the event that I am employed by Keffords Removals. I will furnish freely any such information or documents that may be required to complete my employment file.
- **3.** I hereby authorise Keffords Removals to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employer from all liability for any damages on account of furnishing such information.
- **4.** In the event of my leaving Keffords Removals for any cause I authorise Keffords Removals to answer any and all enquiries as to my conduct and qualifications while working for the company, and reason for leaving.
- **5.** I agree that whenever I leave Keffords Removals either voluntarily or involuntarily, I will return all company property, including uniforms issued to me. Otherwise, I understand the cost is to be paid by me.

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- **6.** Where necessary, I understand that Keffords Removals will require me to complete a Consent form to undergo a screening process in line with the Child Protection. (Prohibited Employment) Act 1998.
- **7.** If Keffords Removals requires, I consent to undertake a medical examination at the company's expense and I authorise the release of any relevant information associated with any pre-existing condition/ailment to the company, provided that such information is treated with sensitivity and confidentiality.
- **8.** If Keffords Removals requires, I consent to undertake a drug test that is required for entry into certain work places.
- 9. If offered employment with Keffords Removals, I understand that my employment conditions are as expressed in the policies, procedures and standard conditions of employment which are contained in the **Employment and Safety Handbook**. This handbook will be issued to me on commencement of employment for my information and acknowledgement.

| Signature | Date | _/ | ./ | _/ |
|--------------------------|------|----|----|----|
| OFFICE USE ONLY Comments | | | | |
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