Application for Employment

Position applied for:			
Surname:		**First names:**	
Address:			
Phone:	**home**		**mobile**
Date of birth:		**Age:**	

In case of an emergency notify:			
Name & Address:		**Phone**	**home:** **mob:**

Physical/Health History

IMPORTANT
Section 79 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."

Worker to complete: (please circle your answer, any answers may be discussed)			**If Yes, please explain**
Are you required to take medication which may affect your work performance?	Yes	No	
Are you required to take medication which may affect your attendance at work?	Yes	No	
Are you willing to take a medical examination?	Yes	No	
Are you willing to take random alcohol and other drugs test?	Yes	No	
Are you allergic to bees?	Yes	No	
Are you prepared to work away from home for periods of time?	Yes	No	
Have you had injury or illness which may impact on your ability to do the job?	Yes	No	
Have you had a Tetanus injection in the last ten years?	Yes	No	
Do have you a current Workers Compensation claim?	Yes	No	
Do you or have you ever had back, neck or joint problems?	Yes	No	
Have you ever been refused Life Insurance, Disability Insurance, Employment or Military Service?	Yes	No	
Is there any reason why you cannot wear safety or protective equipment?	Yes	No	
Known allergies: Medications	Yes	No	
Foods	Yes	No	
Other (specify)	Yes	No	

Place an X in the box beside any condition(s) you have or have had at any time in your life	
❑ Blood pressure	❑ Repetitive strain/overuse injury
❑ Lung problems/Asthma	❑ Arthritis/Rheumatism
❑ Hernia	❑ Mental or nervous conditions
❑ Fits/Seizures/Blackouts	❑ Loss of hearing or ear infections
❑ Persistent headaches/Migraines	❑ Visual impairments
❑ Diabetes (sugar)	❑ Stomach problems/Ulcers
❑ Allergies i.e bees, pollen	❑ Transmittable diseases i.e hepatitis
❑ Any joint problems/fractures	❑ Skin disorders/Dermatitis
❑ NONE of the above	❑ NONE of the above

Please comment on all those marked with an X (use the back of this sheet if necessary)

Place an X in the box beside each activity with which you have difficulty		
❑ Crouching	❑ Climbing a ladder	❑ Walking on rough ground
❑ Standing for two hours	❑ Lifting or bending	❑ Repetitive movements of the hands or arms
❑ Gripping firmly with both hands	❑ Using hand tools	❑ Concentrating on what you are doing
❑ Hearing a normal conversation	❑ Reading ordinary print	
❑ Other - specify		
Please comment on those marked with an X		

Have you had any exposure to the following in your past jobs?			If Yes please give details
Loud noise/explosives/gunfire	Yes	No	
Fibres or asbestos	Yes	No	
Chemicals	Yes	No	
Radiation (sun etc)	Yes	No	
Dust	Yes	No	

Details of previous employers

Dates	Employer	Duties	Reason for leaving

List Three Referees:			
Name	Address	Relationship	Phone

Drivers Licence No		State		Class		Expiry date	

Please list any certificates or training you have or are undertaking:

Declaration

I solemnly declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment. I understand that I may also be required to undergo baseline health tests on termination of employment.

Statement Authorisation

I hereby authorise the examining doctor to submit a medical report regarding the above statement, physical findings, audiogram and all other investigations to my employer.

Applicant's signature:		**Date:**	