

Application for Temporary Employment - 1



Neptune Corporation Pty Ltd
ABN 66 095 981 098

Suite 1, Level 4,
507 Kent Street
Sydney NSW 2000
Tel. (02) 9264 6008
Fax (02) 9264 6007
Email: nsw@logoapp.com.au

Surname: _____ Given Name(s): _____

Date of Birth: _____ Best Contact Ph. Number(s) _____

Address: _____

Email Address: _____

Citizenship Status: _____

If not an Australian Citizen, do you have a Work Visa? Yes/No *(please circle)*
(Please provide evidence – copy of Visa, etc)

Position/s Applied For _____

Job seeker number (if applicable): _____

Do you have a current New South Wales driver's license? Yes/No *(please circle)*

Class : _____ License No. : _____ Expiry Date : _____

Current Points : _____ **Note: Attach copy of license if position applied for is "driver"**

Have you previously been employed in Local Government? Yes/No *(please circle)*

If "Yes" which Councils? _____
(Provide further details in employment history)

When would you be able to start work? _____

Education Details

Highest level of education gained _____

Other trade qualifications, special courses etc. _____

Do you have any other skills or experience which you feel should be brought to our attention? *(E.g. operating particular machinery, word processing/computer software)*

People who know Local Government

What certificates/ licenses do you currently hold? *(Please tick)*

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Chainsaw Operator | <input type="checkbox"/> Green Card |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Backhoe | <input type="checkbox"/> OHS Training |
| <input type="checkbox"/> Front-End Loader | <input type="checkbox"/> Grader |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Other _____ |

Health

Are you currently receiving any medical treatment? Yes/No

Please circle 'Yes' or 'No' to indicate whether or not you have suffered, or are currently suffering from any of the following...

Hearing Loss/Impairment	Yes/No	Alcohol or Drug Addiction	Yes/No
Problems Ear, Nose or Throat	Yes/No	Eyesight deficiency	Yes/No
Shoulder/Back/Neck/ Injury/Whiplash	Yes/No	Stomach Pain or Ulcers	Yes/No
Ankle/Knee/Wrist/Elbow Sprain	Yes/No	Insomnia	Yes/No
Epilepsy	Yes/No	Dizziness/Blackouts	Yes/No
Repetitive Strain Injury (RSI)	Yes/No	Mental Illness/Nervous Disorder	Yes/No
Heart or Blood Pressure problems	Yes/No	Skin Disorders/Dermatitis/Eczema	Yes/No
Hernia	Yes/No	Allergies/Asthma	Yes/No
Other <i>(Please specify)</i> _____			

If any, please state whether or not your health condition prevents you from carrying out any particular duty in the work place? _____

Worker's Compensation

Have you been on Worker's Compensation? Yes/No

Please state the nature and time period of any Worker's Compensation injury.

Person to contact in case of a workplace emergency

Name _____ Address _____

Telephone Number _____ Relationship _____

Criminal Convictions

Have you ever been convicted of any criminal offence in any court or are you currently the subject of a charge pending before any criminal court? Yes/No

If 'Yes', please state the nature of the conviction or charge _____

People who know Local Government

Please Note: Applicants who have a record of conviction are invited to discuss their situation with the interviewer.

A criminal conviction may not be a barrier to employment.

Referees

Please provide details of 2 people who can be approached for a reference. These should include your most recent employer. *(Please do not include friends or relatives.)*

References may be sought prior to employment only. If you would like to be notified before we contact a given referee please place an 'X' in the box before the name of the referee.

<input type="checkbox"/>	Name _____	Position Title _____
	Company _____	Contact No. _____
<input type="checkbox"/>	Name _____	Position Title _____
	Company _____	Contact No. _____

Declaration

1. I am an Australian Resident and/or hold a Visa permitting me to work.
Please complete if Visa holder.
Passport Number _____ Work Permit Number _____
For Office Use (Evidence Sighted _____)
2. I understand that while in the employ of Local Government Appointments, any offer of temporary or permanent work will be directed to the agency. Should I be offered further work it is important that I direct the employer's request to a Local Government Appointments Consultant as soon as possible.
3. I consent for Local Government Appointments to disclose my name and employment details to prospective employers and those who may be seeking workers; it being noted that in future cases, verbal permission will be sought in order to forward these details to prospective employers .
4. I consent for Local Government Appointments to contact my referees in order to verify information provided by me for employment and work performance and disclose these details to prospective employers.
5. I consent for Local Government Appointments to verify information provided by me for employment screening purposes and to conduct enquiries as may be necessary, at the Company's discretion.
6. I hereby declare that I am not receiving any payment/treatment associated with any existing workers' compensation claim.
7. I consent to Local Government Appointments contacting me on the phone numbers provided by me on weekdays before 9.00am or after 8.30pm; on Saturdays before 9.00am or after 5.00pm; and any time on Sundays or a nationally recognised public holiday; for the purpose of presenting me with information on potential employment and work opportunities and any purpose that may be ancillary to the provision of such employment and recruitment services.
8. I hereby declare that the information contained in this application is true and correct and understand that any misrepresentation of facts in my application could be cause for termination of employment.

Signature _____ Date _____