



Application for Employment

LO-GO Appointments Temporary Staff WA

Position Applied for: _____

Surname: _____ Given Names: _____ M F

D.O.B.: _____ Home Phone: _____ Mobile Phone: _____

Email: _____

Residential Address: _____

Mailing Address (if different from residential address): _____

Residential Status: Citizen Permanent Resident Working Visa: Yes No

Do you have a current Driver's Licence? Yes No

Classes: _____ Licence No: _____ Expiry Date: _____

Have you previously been employed in Local Government? Yes No

If "YES" which Councils? _____

Availability / Notice Period: _____

EDUCATIONAL DETAILS

Highest level of education gained: _____

Qualifications/ trades / special courses attended: _____

Further skills / experience to be brought to our attention: _____

Certificates / Licenses held:

Chainsaw Operator	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	Construction Safety Induction (Blue Card)	<input type="checkbox"/>
Front-End Loader	<input type="checkbox"/>	Grader	<input type="checkbox"/>

Other (please specify) _____

HEALTH

Are you on any medication and/or do you require ongoing medical treatment? Yes No

Please circle 'YES' or 'NO' to indicate whether you have suffered, or currently suffer from, any injury or illness mentioned below.

Note: A health condition is not a barrier to the consideration of this application. The following information is required to ensure that you are placed in a position where you can work safely.

Hearing loss or impairment	Yes/No	Currently taking medication or drugs	Yes/No
Any issues with alcohol	Yes/No	Shoulder / back / neck / whiplash	Yes/No
Eyesight problems	Yes/No	Ankle / knee / wrist / elbow Injury	Yes/No
Repetitive Strain Injury	Yes/No	Blackouts, epilepsy or dizziness	Yes/No
Heart or Blood Pressure	Yes/No	Mental or nervous disorders	Yes/No
Hernia	Yes/No	Skin disorders / Dermatitis / Eczema	Yes/No
Stomach problems	Yes/No	Allergies / Hay Fever / Asthma	Yes/No

Please state details of the nature, cause, date and duration of any injury or illness answered 'YES' and whether a medical practitioner was consulted.

WORKERS' COMPENSATION

Have you been on workers' compensation for any reason? Yes No

Please provide details of any workers' compensation claim: _____

Section 79 of the Workers' Compensation and Rehabilitation Act 1981, states "Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, willfully or falsely represented himself as not having previously suffered from the disability a dispute resolution body may in its discretion refuse to award compensation which otherwise could be payable."

EMERGENCY CONTACT

In case of an emergency/accident please provide details of next of kin.

Name: _____ **Address:** _____

Contact Number: _____ **Relationship:** _____

CONVICTIONS

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

If 'YES', please give details: _____

A criminal record is not a barrier to the consideration of an application for employment. Applicants who have a record of conviction are invited to discuss its relevance or otherwise with the interviewing officers.

REFEREES

Provide details of two people who may be approached for a reference. These should include your present/most recent employer. Please do not include friends or relatives.

Name: _____ **Position:** _____

Company: _____ **Telephone:** _____

Name: _____ **Position:** _____

Company: _____ **Telephone:** _____

Please be advised that LO-GO Appointments is unable to place you in employment if you do not provide referee details either on this form or on your attached resume.

DECLARATION

I, _____ wish to register my interest to seek employment through LO-GO Appointments and in doing so agree to and acknowledge the following:

1. I am an Australian Resident and/or hold a Visa permitting me to work. Complete below if applicable. Passport Number: _____ Work Permit Number: _____
2. I understand that while in the employment of LO-GO Appointments, any offer of casual, temporary, contract or permanent work by a client will be directed to LO-GO Appointments.
3. I declare that at the time of completing this form that I am not receiving any payment or treatment for an existing workers' compensation claim.
4. I have been advised that any personal information provided by me to LO-GO Appointments is subject to the Privacy Act 1988 and the National Privacy Principles. In relation to this Act and Principles I have been made aware of the information contained in the LO-GO Appointments 'Collection Statement' found at http://www.logoapp.com.au/career_seekers/forms_for_downloading.php
5. I give my consent to LO-GO Appointments to disclose my name and employment details to prospective employers
6. I give my consent to LO-GO Appointments to contact my referees in order to verify my employment and work performance and to disclose this information to prospective employers
7. I give my consent for LO-GO Appointments to verify any information provided by me for employment purposes and to conduct enquiries as may be necessary, at the Company's discretion.
8. I declare that the information contained in this application is true and correct and understand that any misrepresentation of facts in this application could be cause for future termination of employment.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

Interviewed by: _____

Comments: _____