

Application for Temporary Employment – Works Staff



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: _____ Home Ph: _____ Mob Ph: _____

Home Address: _____

Postal Address: _____

Email Address: _____

Citizenship Status: _____ Marital Status: _____

Job seeker number (if applicable): _____

If not an Australian Citizen, do you have a Work Visa? <i>(Please provide evidence – copy of Visa, etc)</i>	Yes	No
Visa Type: _____	Expiry Date: _____	

Do you have a current New South Wales driver's licence?	Yes	No	
Class: _____	License No.: _____	Expiry Date: _____	Current Points: _____
What is your means of transport to work? _____			

Position/s Applied For: _____		
Have you previously been employed in Local Government?	Yes	No
If "Yes" which Councils? _____	<i>(Provide further details in employment history)</i>	

When would you be able to start work? _____

Educational Details
Highest level of education gained _____
Trade qualifications, special courses etc. _____
Do you have any other skills or experience which you feel should be brought to our attention? <i>(E.g. operating particular machinery, word processing/computer software)</i>

Computer Skills: <i>(please state level of competency)</i> Typing speed wpm _____
Word _____ Excel _____ PowerPoint _____
Please list any other computer software previously used in Local Government: _____

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What Certificates/ Licenses do you currently hold? *(Please tick)*

Chainsaw Operator	OH&S Construction Card	Forklift
First Aid	Backhoe	OHS Training
Front-End Loader	Grader	Traffic Control
Other _____		

Health

The provision of information of any pre-existing/existing illnesses or injuries that may impact on your ability to undertake certain tasks is important in assessing your ability to fulfill the inherent requirements of a particular job, where a vacancy is available. For this reason, it is important that you are honest in your answers so that we can consider your application and position vacancies that are suitable for you.

If you have any questions, you may ask them at any stage of the registration process.

Please indicate whether you have suffered or currently suffer from any of the following conditions, illnesses or injuries

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

Type of Injury/Illness	Please Tick Yes or No		Please state details of the nature, cause, date and duration of any injury or illness
Hearing Loss/Impairment	Yes	No	
Shoulder/Back/Neck/ Injury	Yes	No	
Ankle/Knee injury	Yes	No	
Wrist/Elbow injury	Yes	No	
Ear, Nose or Throat	Yes	No	
Repetitive Strain Injury (RSI)	Yes	No	
Heart or Blood Pressure	Yes	No	
Alcohol or Drug Addiction	Yes	No	
Eyesight deficiency	Yes	No	
Stomach Pain or Ulcers	Yes	No	
Dizziness/Blackouts	Yes	No	
Mental Illness/Nervous Disorder	Yes	No	
Allergies/Asthma	Yes	No	
Skin Disorders / Dermatitis / Eczema	Yes	No	
Epilepsy	Yes	No	
Hernia	Yes	No	
Any other Injuries, Illnesses, or Conditions	Yes	No	

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Are you under any medical treatment, or do you need any ongoing treatment or medication Yes No

If yes, please give details: _____

If you have indicated that you have suffered a physical injury that might affect your ability to fulfill the inherent requirements of a particular job, have you ever received Workers Compensation for such injury? Yes No

If yes, for what period of time and for which injury did you received Workers Compensation for?

We will use this information to assess the extent of your injury and to potentially place you in a job where that injury will not impact on the inherent requirements of the position. Yes No

If required, do you consent to having a medical examination to determine your capacity to safely perform tasks required by the Councils and for the results to be disclosed to Local Government Appointments and your Host Employer? Yes No

Emergency Contact

In case of a workplace emergency/accident during an assignment with Local Government Appointments please provide details of next of kin:

Name _____ Address _____

Telephone Number/s _____ 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 give details: _____

Please Note: A criminal conviction may not be a barrier to employment. Applicants who have a record of conviction are invited to discuss their situation with the interviewer.

Referees

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

Name _____ Position _____ Company _____

Ph No. _____ Email Address: _____

Name _____ Position _____ Company _____

Ph No. _____ Email Address: _____

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Declaration

I, _____ wish to register my interest to seek employment through Local Government 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. _____ *Please complete 2 if Visa holder.*
2. Passport Number _____ Work Permit Number _____
3. I understand that while as an employee of Local Government Appointments, introduced by resume, temporary assignment or interview, any offer of temporary or permanent work from the Host Employer will be directed to the agency. Should I be offered further work it is important that I direct the Host Employer's request to a Local Government Appointments Consultant as soon as possible.
4. 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.
5. 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.
6. 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.
7. I hereby declare that I am not receiving any payment/treatment associated with any existing workers' compensation claim.
8. 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.
9. 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 _____