



APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

(The position description relevant to this application is available)

Position Applied For:

APPLICANT DETAILS: (Use Block Letters)

Surname: _____ Other Names _____

Address: _____

_____ (P/code) _____

Telephone: Home: () _____

Daytime contact/Mobile: () _____

Are you eligible for employment in Australia? (Proof may be required) YES / NO

Please circle response

EMPLOYMENT DETAILS:

Current or Last Position: _____

From ____/____/____ To ____/____/____

Employer: _____

Type of Business: _____

Previous Position: _____

From ____/____/____ To ____/____/____

Employer: _____

Type of Business: _____

Previous Position: _____

From ____/____/____ To ____/____/____

Employer: _____

Type of Business: _____

Southwell Engineering Pty Ltd ABN 64 077 546 288
PO Box 690 Camden NSW 2570 36 Edward St Camden NSW Australia

■ Goods Hoists ■ Scissor Lifts ■ Vehicle Hoists ■ Airport Equipment
■ Elevating Work Platforms ■ Service and Refurbishment

T (02) 4655 7007
F (02) 4655 9134
E lifts@southwell.com.au
W southwell.com.au

REFERENCES: Please provide the details of two work referees that the company may contact. If you have not worked before, personal references will be acceptable.

REFEREE NAME	COMPANY	REFEREE POSITION	TELEPHONE

May enquiries be made of your present employer? YES / NO **Please circle response**

QUALIFICATIONS: Educational, Professional or Trade Qualifications (if appropriate to the position). Proof may be required prior to employment. Include qualification claimed, institution attended and period of attendance (i.e. from ____/____/____ to ____/____/____).

SPECIFIC SKILLS: List any skills, experience or competencies you have applicable to the position. (A separate sheet may be attached for additional information if required).

Do you possess a current drivers licence? YES / NO **Please circle response**
If yes, what is the classification?

Are you available for : Shift Work: YES / NO **Please circle response**
Out of normal hours work: YES / NO **Please circle response**

HEALTH: In order to assist us comply with our obligation to ensure a safe workplace and in order to enable us to determine whether applicants are able to safely and adequately perform duties required by the position, please provide details of any previous or current injuries, illnesses or disabilities of which you are aware and which you believe may affect your ability to carry out the requirements of the position. Failure to provide such information may constitute a breach of s82(7) of the Accident Compensation Act 1985 (Vic) and according to s82(8) of that Act may result in any aggravation etc of the injury arising out of the employment not qualifying for compensation under the legislation.

Are you prepared to attend a medical examination, at the company's expense, in order to determine whether you will be able to safely and adequately perform the duties required of the position?

YES / NO ***Please circle response***

PLEASE NOTE: Please check your answers carefully. Any incorrect or misleading information may result in the contract of employment being terminated.

DECLARATION: I hereby certify that my answers to each of the questions are true and the information provided is complete and correct.

Applicant's Signature: _____ Date: ____/____/____