

THOMPSON'S

ROLLER SHUTTERS PTY LTD

OPENING THE DOORS FOR AUSSIE INDUSTRY



ACN: 000 034 757 ABN: 47 000 034 757 Established 1927

APPLICATION FOR EMPLOYMENT

(Handwritten application preferred)

Mr / Mrs / Ms (circle)	First Name:		Middle name:	
SURNAME:				
Email:				
Mobile:				
Current Address:				
	SUBURB:		Postcode:	
Date of Birth: (optional)				

FOR WHAT POSITION ARE YOU APPLYING

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Can you speak any other languages fluently? Yes ☐ No ☐ If yes, which language?

When could you commence this job?

PREVIOUS EMPLOYMENT

Please provide details of present and previous employment and any further details which you consider relevant for the position applied for.

(Please state your present or last job first)

Employed by	From	To	Position	Reason for leaving

YOUR SUITABILITY FOR THIS POSITION:

This position requires certain skills, abilities and training. Please state why you believe you are suited to this position or why you wish to leave your present position and take up this position:

Can you speak any other languages fluently? Yes ☐ No ☐ If yes, which language?

What are you main interests, hobbies, etc. outside work?

EDUCATION

Final Year School Level:	Date:	Qualification obtained:

FURTHER EDUCATION / TRAINING COURSES COMPLETED

Year Started	Year Completed	Course	TAFE/ Uni / Other

What is your 10 digit **Unique Student Identifier (USI) Number**: _____ (You will have this if you have recently completed a government recognised training course previously) Contains letters and numbers

Any other information you wish to add:

DRIVERS LICENCE:

Do you hold a current Driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence No:	Class:
What level of licence do you hold?	Expiry Date:	State of Issue:

OTHER LICENCES:

Do you hold a current White Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.	
Do you hold a. Working at Heights Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.	
Do you hold an EWP licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.	
Do you hold a Crane Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No.	
Do you hold a current Disconnect/ Reconnect Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence No.	Expiry:

MEDICAL HISTORY

Please give brief details and dates of any serious illnesses, operations or disabilities:

Do you wear contact lenses? Yes ☐ No ☐ (Important if you are required to weld)

Have you ever had an injury that has impacted your ability to work for an extended period? Yes ☐ No ☐

If YES, give details:

Are you aware of any health restriction or disability which may affect you or your competency in performing the duties of this position, including regular medication?

If YES, what adjustment would be required to overcome this difficulty?

PRE-REQUISITES FOR EMPLOYMENT

You would need :

1. A current Police Check
2. A current Working with Children Check
3. To pass a Company Medical examination
4. Give proof of Current Australian Work Permit or Permanent Residency if not an Australian citizen

REFERENCES:

Please give the names, address and telephone numbers of two persons as referees whom we can approach now for references, other than your present employer or relatives. Unless you so request, no approach will be made to your present employer before an offer of employment is made, in which case the offer may be conditional upon receipt of satisfactory reference from your present employer.

CONTACT WITH PRESENT EMPLOYER IF APPLICABLE:

I do / do not (*Delete one*) want my present employer to be approached unless and until I am offered, subject to a satisfactory reference, the job for which I am applying.

REFEREES:

1.

2.

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information and that submitted in any accompanying document(s) is correct.

I understand that if I am appointed, I must undergo a company medical examination.

I also understand that we may use the information above to contact previous employers or referees. Otherwise, all information given above is confidential.

SIGNATURE:

DATE:

Privacy Policy

Thompsons Roller Shutters group needs to collect personal information from you so we can accurately assess your suitability for the employment position and fulfil our legal obligations. We do not disclose personal information to any outside third party, unless you give permission. We may use the above information to contact past employers or referees to gain further information relating to your application. At any time you may request access to your personal information held by us.