

NOWRA TRUCK & TRACTOR REPAIRS PTY LTD
BOMADERRY NSW, BEGA NSW & MITTAGONG NSW
FORM 8

Application for Employment

Location _____
 Position Applied _____
 For _____
 Type of Full Time Part Time Casual
(Office use only)

Full Name _____

Address _____

Mobile Phone _____

Phone _____ Date of birth _____

What is your residency status? (Proof of status may be requested by law.)

- Permanent Resident
 Temporary Resident (Further details required.)
 Other, specify _____

Drivers Licence number _____ Type _____
 (Copy of licence required as company/customer vehicles may be used on company business.)

EMPLOYMENT HISTORY (List up to last three positions – last first.)

Company _____

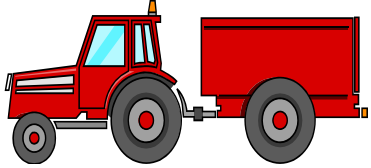
Address _____

Name(s) of Referee _____ Phone _____

Position held and major duties _____

From _____ To _____

Checked (office use only)

	<p>NOWRA TRUCK & TRACTOR REPAIRS PTY LTD BOMADERRY NSW, BEGA NSW & MITTAGONG NSW FORM 8</p>
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Company

Address

Name(s) of Referee

Phone

Position held and major duties

From _____ To _____

Checked (office use only)

Company

Address

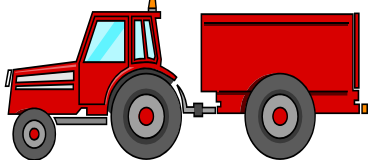
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Position held and major duties

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It is this company's policy to contact previous employment referees. No current employee will be contacted without your consent.

Is this to be your primary employment? If not give details.

Job Performance Record

List your skills that enable you to perform this job

Education History

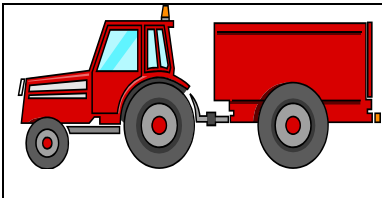
Highest Level of Schooling	Year
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Other training of qualifications completed (attach copies plus your trade licences)

Are you currently studying? If yes, details please

General Information

What Skills would you bring to this job?



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Other interests (Please list any club memberships and positions held, if any).

Sporting

Hobbies

Other Group Activities

Is there any reason (medical or otherwise) that you are aware of that would prevent you from performing the full range of duties with this position?

If so, what adjustment may be required to overcome such difficulty? ----

Note: All new employees will be required to undergo a pre-employment medical examination arranged and paid for by this company.

Declaration

I _____(print name)

Declare that all information given in this application to be true and acknowledge that, if employed, any false or misleading information identified may result in my termination of employment.

Signature

Date

I _____(print name)

authorise any person or company to provide you with information so as to assist in your assessment of my job application.

Signature

Date

I _____ (print name)

Declare that I will fully abide by Nowra Truck and Tractor Repairs Pty Ltd OH&S safety rules requirements. (These requirements will be issued and signed off at time of company's initial induction.)

Signature

Date

Note: All statements on this application are subject to being checked.