

## PERSONAL DETAILS

First Name		Last Name	
Address			
Suburb		State	Postcode
Contact details		Email address	

## POSITION DETAILS

Position applying for			
Preferred location			
Date available from			
Employment sought	<input type="checkbox"/> Full time <input type="checkbox"/> Part time: hours _____ <input type="checkbox"/> Casual: hours _____		
Do you hold a current Drivers Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any other licences? ie: Forklift	<input type="checkbox"/> Yes Details: <input type="checkbox"/> No
Relevant Qualifications (if applicable)			

## RESIDENCY STATUS

Are you a citizen of Australia / NZ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, you will be required to provide a copy of your Australian/NZ birth certificate, Australian/NZ citizen certificate during the recruitment process.</i>	
If no, are you authorised to work in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If yes, you will be required to provide details and a copy of your passport and visa during the recruitment process.  
If no, unfortunately we will be unable to assist you further.*

## WORKPLACE HEALTH & SAFETY

**Interlloy has a legal obligation to protect the health and safety of people in its place of work.**  
**Do you have any physical/psychological condition(s) that would limit your ability to perform the following tasks?**

Lifting / moving / handling products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standing and walking for periods up to 8 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using hand held equipment like scanners, office equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reaching above shoulder height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular lifting of weights up to 10kgs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bending or twisting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interacting with customers/visitors or other staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using computers to enter data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completing clerical / admin tasks such as completing paperwork?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wrapping / Packaging item/product?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performing housekeeping duties such as cleaning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other physical or psychological condition that we need to be aware of, to ensure that we protect you or others safety at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If you have advised yes to any of the above, please specify the condition and how it may affect your work at Interlloy.*

**EMPLOYMENT HISTORY – please detail your present or most recent positions**

Name of employer 1			
Position			
Dates – From		To	
Reason for leaving:			
Name of employer 2			
Position			
Dates – From		To	
Reason for leaving:			
Name of employer 3			
Position			
Dates – From		To	
Reason for leaving:			
Name of employer 4			
Position			
Dates – From		To	
Reason for leaving:			

**REFERENCES – Please provide the details of 2 work referees that Interlloy may contact**

Referee 1 - Name		Position	
Company		Contact number	
Referee 2 - Name		Position	
Company		Contact number	

**CONDITIONS OF EMPLOYMENT – WAREHOUSE POSITIONS ONLY**

**Pre-Employment Medical** - I understand that I will be required to pass a pre-employment medical including a drug and alcohol screen, and if I am hired, I will be subject to Interlloy's drug and alcohol testing policy during my employment.

Initials \_\_\_\_\_

**DECLARATION AND SIGNATURE**

The information collected on this form, any notes taken at the interview and any further information collected about you throughout the recruitment process will be used for the purposes of recruitment and selection at Interlloy

I hereby acknowledge the above and provide my consent to Interlloy to obtain, collect, use and disclose personal information in the manner described above.

I hereby declare that all the information given on this form is true and complete. I understand that providing any false or misleading information is an offence under Australian/New Zealand law and may lead to my employment being reviewed and/or terminated.

Signature \_\_\_\_\_

Date \_\_\_\_\_