



EMPLOYEE APPLICATION

DETAILS

Name _____

Address _____

Phone Number _____

Date of Birth _____

Next of Kin _____

Contact Number _____

Medical Conditions, Current & Pre existing (ie back injury,asthma,diabetes)

QUALIFICATIONS/ EXPERIENCE

Trade _____

Years in industry _____

Previous Employer _____

Tickets _____

First Aid _____ Expiry Date _____

NSW Industry Induction _____

Other _____

Signature _____

Date _____