

The information supplied in the document will remain strictly confidential between the applicant and the company. This form must be completed in full and in the applicant's own handwriting and in the presence of a representative of the Bradnam Group.

**Position applied for:**.....

**Personal Details**

Surname:..... Names:.....

Address:.....

..... Postcode:.....

Phone: (Hme): ..... Mobile: .....

Email: .....

Date of Birth:..... Are you an Australian Resident/Citizen?.....

Are you legally entitled to work in Australia? Yes  No

Applicable Visa number:..... Work Permit number:.....

**Emergency Contact Details:**

Name:..... Relationship:.....

Phone – Home:..... Work:..... Mobile:.....

**Education/Qualifications** *(If you are called to an interview with the Bradnam Group proof of qualifications, trade etc will need to be provided for at this time.)*

Level	Institution	Standard Attained	Year
Secondary			
Apprenticeships/Certificates Diplomas			
Tertiary			

What subjects did you prefer and why?.....

**Other Education:** *(Please list any training courses you have completed including Health & Safety courses, First Aid certificates, fork lift license, truck license etc.)*

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 .....  
 .....

**Employment History** *(Detail present or last position held first. You may provide a resume or additional information)*

1. Employer:..... Phone:.....  
Position Held:.....  
From:...../...../..... To:...../...../.....  
Reason for Leaving:.....  
Brief details of what you did in the role:.....  
.....  
Reference Contact:..... Title:.....

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2. Employer:..... Phone:.....  
Position Held:.....  
From:...../...../..... To:...../...../.....  
Reason for Leaving:.....  
Brief details of what you did in the role:.....  
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Reference Contact:..... Title:.....

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3. Employer:..... Phone:.....  
Position Held:.....  
From:...../...../..... To:...../...../.....  
Reason for Leaving:.....  
Brief details of what you did in the role:.....  
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Reference Contact:..... Title:.....

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**Medical Conditions** *(The following information is confidential but you are advised that if you are employed, and it is found that you have failed to provide relevant information or have provided false information, you may be dismissed.)*

Do you have any physical or other ailments (illnesses or injuries) that would prevent you from working in the position you have applied for?

Yes  No

If yes, please indicate:.....

**General Information:**

When would you be able to start work?.....  
 If necessary are you willing to work (tick one)

- Overtime                       Shift Work                       Weekends

Are you a member of any organisation or club (sports, lifesaving, Volunteer SES etc) that may affect your attendance at work? If so please provide details:

.....  
 .....

Why do you think you would be the right applicant for the role you have applied for?

.....  
 .....

**Conditions of Employment:**

I hereby acknowledge and accept:

- That in signing this Application for Employment it does not represent any commitment from the Bradnam Group to offer me a contract of employment.
- That, if offered a position, I will be employed on a three to six month probationary period. At the end of the probationary period, if my performance and conduct meet the standards set by my direct supervisor, I may be offered a full time position should one be available at this time.
- Any offer of employment made to me will be based on the information gathered during the recruitment process. In the event of the information supplied by me being incorrect, any contract of employment made will be void and terminable forthwith.
- I will provide relevant evidence of my:
  - Date of birth;
  - Relevant qualifications & licenses;
  - Relevant Visa's and Citizenship documents;
  - Copy of my passport.
- The provisions outlined in the relevant award and/or agreement will be binding.
- I will wear the relevant PPE as deemed necessary by the company in the course of my employment.
- I will comply with all company policies and procedures developed by the Bradnam Group.
- I will undergo a medical examination (including Drug and Alcohol Testing) prior to any offer of employment if requested to do so by the company.

Signature of Applicant:.....                      Date:.....