

BOEKEMANS APPLICATION FORM



This automated form may be completed on screen, simply tab through the questions. On completion, please save and print the document. Alternatively, it can be printed and filled in manually.

Details of Advertised Vacancy

Job Title:
Basis (eg Full Time):
Branch/Region:

Personal Details

Please indicate your legal work status:			
<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/> Australian/New Zealand Resident	
<input type="checkbox"/> Right to Work in Australia	<input type="checkbox"/> Other Visa	<input type="checkbox"/> Require Sponsorship	
Title:	First Name:	Preferred Name:	Last Name:
Date of Birth:			
Email Address:			
Marital Status:			
Home Address:		Suburb/Town:	
State:	Postcode:	Country:	
Work Number:	Home Number:	Mobile Number:	
Would you like to be considered for other similar vacancies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number:			
License Class:		Expiry Date:	
If requested, can you provide us with a Current Police Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Training/Education/Qualifications

Please indicate your most recent or highest qualification:		
<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Certificate IV (TAFE)	<input type="checkbox"/> Certificate 3
<input type="checkbox"/> Australian Recognised Trade Certificate	<input type="checkbox"/> Graduate Certificate	<input type="checkbox"/> Diploma
<input type="checkbox"/> Heavy Vehicle License (HC/HR/etc)	<input type="checkbox"/> High Risk License	<input type="checkbox"/> First Aid
<input type="checkbox"/> Further Experience (Please list)		
School Attended and Year Reached:		
Other Work Skills:		
Highest Qualification Name:		
Please list any other relevant qualifications for this application:		
Other Work Skills:		

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Employment History / Details

Where did you first hear about this position?	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referrals (Minimum of two):	
Referee One (Company):	Position Title:
Date of Employment:	Reason for Leaving:
Duties:	
Referee Name & Relationship:	Referee contact number:
Referee Two (Company):	Position Title:
Date of Employment:	Reason for Leaving:
Duties:	
Referee Name & Relationship:	Referee contact number:
Referee Three (Company):	Position Title:
Date of Employment:	Reason for Leaving:
Duties:	
Referee Name & Relationship:	Referee contact number:

Other Information

When can you begin work:
Career Goals:
Hobbies / Interests:
Have you ever had a Workers Compensation Claim? If yes, please provide details (date of Claim, nature of Injury, employer Name, time away from work, ongoing disabilities/current health:
Fitness for work:
I currently (or previously) have medical conditions or restrictions, physical or otherwise, which may affect my ability to carry out the position I have applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to take part in any fit for work programs which may include random drug & alcohol screenings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience difficulties with any activities that MAY relate to the position having applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, please provide details:

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Privacy Statement

Information requested within this application is required for the purpose of considering your suitability for the position for which you are applying.

The information provided by you will be used to assess, evaluate and process your application for recruitment. To process your application we may share your information with recruitment agencies where they have been engaged to assist with our recruitment processes. Should you choose not to proceed with your application you may exit the recruitment process at any time by emailing us at administration@boekemans.com.au and advising us in writing of your decision.

Should your application be successful this information will be kept on your personal file and an electronic database available only to yourself, Manager(s) and Human Resource Personnel. An exception will be made only where an emergency exists and contact details are required.

Candidate Declaration

Section 79 of the Workers Compensation and Rehabilitation Act 1981 "Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable."

I declare that to the best of my knowledge the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be accepted, or if I am employed, my employment may be terminated. I also understand that any offer of employment made is conditional on obtaining a medical clearance through the Boekeman Machinery pre-employment medical and I consent and authorise the Company's doctor to conduct an appropriate medical assessment if requested, which may include testing for illicit drugs and for the doctor to forward this information to Boekeman Machinery.

Applicants Name:	Signature:	Date:
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