



Application for Employment

PERSONAL DETAILS

Surname: _____

Given Names: _____

Date of Birth: _____

Gender: **Male / Female** (please circle)

Address: _____

Home Telephone: _____ Mobile: _____

Email address: _____

| | | |
|---|---|---|
| Australian or New Zealand Citizen: | YES | NO |
| | Please provide documents specified in Category A, B or C | Please provide documents specified in Category D |

PROOF OF IDENTITY

You are required to provide the following sufficient identity documents to meet one of the categories below before your application for employment will be processed further.

Category A

- Australian or New Zealand Passport

Category B

- Australian Drivers Licence or other photo ID issued by an Australian Government Agency **AND**
- An Australian or New Zealand Birth Certificate, **or**
- An Australian or New Zealand Citizenship Certificate, **or**
- Confirmation of enrolment to vote in Australian state or federal elections

Category C

- Australian or New Zealand Birth Certificate OR Australian or New Zealand Citizenship Certificate

AS WELL AS AUSTRALIAN ISSUED DOCUMENTS BELOW:

- Medicare Card
- Tenancy Agreement or home ownership details
- Tertiary qualifications certificate
- Trade Certificate
- Change of Name Certificate

Category D (Permanent Residents & Temporary Visa Holders)

- Passport used to enter Australia
- Evidence of residency status and work rights (visa label, visa approval letter)

Are you legally permitted to work in Australia? Yes / No

Do you consent to O'Connor conducting an online check of your work rights using VEVO? Yes / No

Specify visa type (please circle)

Working Holiday / Student / Temporary Business / Permanent Resident



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Have you previously been interviewed for a position at O'Connor? YES / NO

Have you previously worked at O'Connor? YES / NO

If yes, which year? _____ What was your reason for leaving? _____

Do you have any friends or relatives who are currently employed at O'Connor? YES NO

IF YES,

Name: _____ Relationship to employee: _____

What is your country of birth? _____

EMERGENCY CONTACT DETAILS:

Name: _____

Address: _____

Contact Phone Number: _____ Relationship: _____

PERSONAL ATTRIBUTES:

Height: _____ (cm) Weight: _____ (kg)

Do you currently hold a license? YES / NO

What type of license do you hold? CAR / MOTORBIKE / TRUCK / FORKLIFT

PREVIOUS WORK HISTORY:

| YEAR: | COMPANY NAME: | POSITION: | MGR / SUPERVISOR: | CONTACT NUMBER: |
|-------|---------------|-----------|-------------------|-----------------|
| 2018 | | | | |
| 2017 | | | | |
| 2016 | | | | |
| 2015 | | | | |
| 2014 | | | | |

Do you give permission for O'Connor to contact your previous Mgr/Supervisor for a reference?

YES / NO

If no, why not? _____



Application for Employment

Date: _____

Dear: _____

RE: YOUR APPLICATION FOR EMPLOYMENT.

Further to your application for employment to the above position.

G & K O'Connor is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure potential employees are not required to work in duties that they are not able to perform safely and this letter is to request you to disclose any pre-existing injury or disease which may be adversely affected by the performance of the inherent requirements of the position which are listed below:

Position Requirements:

1. Carry out physically strenuous activities
2. Complete heavy lifting tasks
3. Complete tasks involving bending and twisting
4. Complete tasks with repetitive movements of arms, hands and shoulders

Pursuant to s.41 (1) of the *Workplace Injury Rehabilitation and Compensation (WIRC) Act 2013*, you are required to disclose to G & K O'Connor any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment referred to above.

We advise that a failure to make such a disclosure or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the *WIRC Act 2013* should, as per s.41 (2), any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of employment with G & K O'Connor. Indeed, G & K O'Connor will rely upon any failure to disclose in accordance with the provisions of the *WIRC Act 2013* as grounds for denying compensation in accordance with s.41 (1) and (2).

Should any alteration, change or rearrangement be necessary to enable you to effectively carry out the key requirements of the position, we also request that you disclose those requirements.

The company is an equal opportunity employer and will arrange any reasonable adjustment which would allow a person with a disability to perform the inherent requirements of the position and therefore compete equally with other applicants for the position.

Please complete the written confirmation (refer following page) including disclosure of any pre-existing injuries or diseases.

Yours sincerely,

G & K O'CONNOR PTY LTD



Application for Employment

I of.....
(Name) (Town)
confirm that I have read and understood the contents of the letter from G & K O'Connor
Pty Ltd dated and state that I have disclosed all relevant information
below in relation to my health and physical ability to carry out this position.

..... Date.../.../...
Signed

.....
Print

DISCLOSURE ADVICE
(Applicant to complete)

Please disclose in the space provided any pre-existing injuries or diseases that you have suffered which could be affected by the nature of your proposed employment with G & K O'Connor.

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