



Application for Employment

NOTE: This form should be completed in writing by the person applying for the job. This information is supplied in addition to your resume. Reliable Conveyor Belt is an equal opportunity employer and makes its recruitment decisions based on merit related to specific job requirements only.

SECTION 1 - Position

POSITION VACANT	
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SECTION 2 - Personal

FIRST NAME	
LAST NAME	
STREET ADDRESS	
SUBURB/POST CODE	
HOME PHONE	
MOBILE PHONE	
DRIVERS LICENCE CLASS/NUMBER	

SECTION 3 – Qualifications/Education

DATE OBTAINED	TRADE/LICENCE/TICKET/TRAINING/QUALIFICATIONS

SECTION 4 – Site Inductions

DATE OBTAINED	CURRENT SITE INDUCTIONS



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SECTION 5 – Work History – Must be completed in full. List the most recent employment first. Do not attach a resume in place of completing the table.

Referees must be worked related and be someone who has supervised you for a period of a minimum of 12 months, references from close personal friends, work mates and/or relatives are not acceptable.

1.

EMPLOYER	
ADDRESS	
PERIOD OF EMPLOYMENT	
POSITION HELD	
REASON FOR LEAVING	
REFEREE NAME	
REFEREE CONTACT NUMBER	

2.

EMPLOYER	
ADDRESS	
PERIOD OF EMPLOYMENT	
POSITION HELD	
REASON FOR LEAVING	
REFEREE NAME	
REFEREE CONTACT NUMBER	

3.

EMPLOYER	
ADDRESS	
PERIOD OF EMPLOYMENT	
POSITION HELD	
REASON FOR LEAVING	
REFEREE NAME	
REFEREE CONTACT NUMBER	



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SECTION 6 – Additional Information – please mark an x in the appropriate box.

1.

INDICATE YOUR EMPLOYMENT ELIGIBILITY STATUS	Yes	No
Australian Citizen		
Permanent Resident with entitlement to work		
Temporary Work Visa		
Other		

2.

	Yes	No
Have you previously worked for Reliable Conveyor Belt as a permanent or casual employee?		
If yes provide details: Position: Period of Employment: Direct Supervisor:		
To the best of your knowledge are you related by birth, marriage or otherwise (including de facto, domestic or other personal relationship) to a Reliable Conveyor Belt employee?		
If yes provide details: Name: Position (if known): Relationship:		

3.

	Yes	No
Have you ever lodged a worker's compensation claim?		
If yes provide details: 1. Employer: Address of Employer: Nature of Claim: Date: 2. Employer: Address of Employer: Nature of Claim: Date:		



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	Yes	No
Do you authorise all WorkCover insurers in Australia to release all details of WorkCover Claims submitted on your behalf?		
Are you aware of any impairment or disability that could affect your ability to carry out the duties of the position applied for with RCB?		
Are there any areas/aspects of the job applied for that may need to be adjusted to assist with job performance? If yes, please discuss if your application is progressed to interview stage.		

Please be aware that RCB's recruitment policy provides for applicants to participate in a pre-employment medical which includes a drug and alcohol test. It is also RCB's policy to randomly test employees for drugs and alcohol.

I acknowledge that employment with RCB is subject to:-

- | | Y | N |
|--|--------------------------|--------------------------|
| - Meeting the required medical standard | <input type="checkbox"/> | <input type="checkbox"/> |
| - Being granted a security clearance | <input type="checkbox"/> | <input type="checkbox"/> |
| - Meeting citizenship requirements | <input type="checkbox"/> | <input type="checkbox"/> |
| - Successful completion of a probationary period | <input type="checkbox"/> | <input type="checkbox"/> |
| - | | |

APPLICANT DECLARATION:

I certify that the information given by me in this application is true and correct. I understand that false or misleading information or the omission of information in this application may result in any position application or employment offer made by RCB being immediately withdrawn or termination of employment, as appropriate.

Applicants Signature _____

Date: _____