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APPLICATION FOR EMPLOYMENT

Please print and complete

POSITION APPLIED FOR

FORMWORK TECHNICIAN	
DRAFTSPERSON	
CONSTRUCTION ENGINEER	
ACCOUNTS / ADMINISTRATION / CLERICAL	

YOUR DETAILS

FAMILY NAME: MR/MRS/MS:			
GIVEN NAMES			
ADDRESS			
SUBURB		POST CODE	
TELEPHONE		MOBILE	
E MAIL		DATE OF BIRTH	
Are you an Australian citizen or permanent resident or a New Zealand citizen?			
If you are not an Australian citizen or permanent resident or a New Zealand citizen, please attach your current Visa Entitlement Verification Online details from the VEVO web site.			

DETAILS OF QUALIFICATIONS & COURSES UNDERTAKEN

List relevant skills, competencies, training, licences and tickets currently held.

MEDICAL

A. In the last five years have you, for any injury or disease, made any workers compensation claims. Give details. (information disclosed will not preclude any applicant from equal consideration)

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B. Do you suffer any disability or impairment which would affect your performance of the tasks associated with this position? If so give details

EMPLOYMENT HISTORY

NAME OF COMPANY:			
ADDRESS:			
DATES EMPLOYED	FROM		TO
REASON FOR LEAVING:			
CONTACT NAME AND PHONE:			

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ADDRESS:			
DATES EMPLOYED	FROM		TO
REASON FOR LEAVING:			
CONTACT NAME AND PHONE:			

DECLARATION

1. I hereby declare that the answers supplied to questions on this form are, to the best of my knowledge, correct.
2. I understand and agree that any employment offered will be based upon the accuracy of information contained herein and any misrepresentation could be cause for dismissal.
3. I hereby agree that the company may approach/contact any previous employers shown on this application.
4. I will abide by company rules and policies.
5. I will observe the company rules and wear safety equipment and clothing, as required by the company if my application for employment is successful.
6. I agree to be medically examined prior to employment by any medical officer nominated by the company if so required by the company.
7. I agree to be medically examined during my employment if required by legislation.

SIGNATURE OF APPLICANT	
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After you have completed this form, scan and return it to:-
enquiries@strategicformwork.com