

APPLICATION FOR EMPLOYMENT

CONTACT DETAILS

Title	First Name	Surname
Date of Birth (Required for junior rates of pay, optional if over 20 years of age)		
Address		Postcode
Phone Number	Mobile	
Email		
Emergency Contact		
Relationship	Contact	

EDUCATION

Year 10 (Please tick)		Year 11		Year 12		Tertiary	
Courses and Qualifications							
Driver's License(s)							

EMPLOYMENT HISTORY

COMPANY (Most recent first)	LOCATION	POSITION	DATES	SUPERVISOR	REASON FOR LEAVING

Workers Compensation Declaration: Please read the following extract from the Workers Compensation and Rehabilitation Act 1981 (section 79) prior to completing this declaration. **“Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, willfully and falsely represented himself as not having previously suffered from a disability a dispute resolution body may at its direction refuse to award compensation which would otherwise be payable.”**



Have you ever claimed Workers Compensation? (please tick)

If yes please provide specific details - employer, dates, the nature of the claim and the insurer

Y N

Signature

Date

MEDICAL HISTORY

Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform duties as an employee?

Y N

If yes, please provide details:

Do you have an existing injury or condition or pre-existing injury or condition that could be affected by the nature of proposed duties as an employee?

Y N

If yes, please provide details:

REFEREES

Name	Title/Position	Phone

I _____ certify that the information contained in this application form is true and accurate in every detail to the best of my knowledge and belief. I understand the Royal Agricultural Society of Western Australia has the right to verify all information on this application and any false information will be considered sufficient for rejection as an applicant for employment.

Signature

Date