



WORK VISA EXP: _____ SIGHTED: Y/N
 PASSPORT NO: _____ SIGHTED: Y/N
 TAX FILE NO: _____ APPLIED FOR: Y/N

PGA PERSONNEL

A Division of the Pastoralists & Graziers Association of WA (INC)
Specialising in Rural Placements in Western Australia

POSITION APPLIED FOR: (eg. Stationhand, Farmhand, Housekeeper, Governess, Cook, etc)			
1.	2.	3.	
Surname:			
First Names:		Email:	
Address:			
Phone No:		Fax:	Mobile:
Date of Birth:		Age:	Height: Weight:
Marital Status:		No of Dependants:	Ages:
Partner's Name:		Partner's Occupation:	
Drivers Licence No.:		Expiry Date:	Classes: Sighted: Y/N
Education Level Achieved:		Last School Attended (name):	
Qualifications/Certificates:			
Details of any Criminal Convictions:			
Police Clearance: Yes/No			
EMERGENCY	Surname:		First Name:
CONTACT:	Phone No (Home):		Phone No (Work):

WORK HISTORY:	RELEVANT POSITIONS HELD		
1.	Company:	From / /	To / /
	Address:		
	Supervisor:	Title:	Phone:
	Your Position/Duties:		
2.	Company:	From / /	To / /
	Address:		
	Supervisor:	Title:	Phone:
	Your Position/Duties:		
3.	Company:	From / /	To / /
	Address:		
	Supervisor:	Title:	Phone:
	Your Position/Duties:		
LONGEST SERVING POSITION			
	Company:	From / /	To / /
	Address:		
	Supervisor:	Title:	Phone:
	Your Position/Duties:		

277 Great Eastern Highway, Belmont WA 6104 Phone: (08) 9479 4544 Fax: (08) 9479 5343
 Internet Site: <http://www.pgapersonnel.org.au> Email: emailus@pgapersonnel.org.au

ADMINISTRATION APPLICATION

PLEASE CIRCLE WHICH IS APPROPRIATE: (eg. Nil / Some / Lots / Highly Skilled)

Computer Programs / Packages			
Microsoft Access:	Nil / Some / Lots / Highly Skilled	Adobe Acrobat:	Nil / Some / Lots / Highly Skilled
Microsoft Works:	Nil / Some / Lots / Highly Skilled	Coral Reader:	Nil / Some / Lots / Highly Skilled
Microsoft Word:	Nil / Some / Lots / Highly Skilled	MYOB:	Nil / Some / Lots / Highly Skilled
Microsoft Excel:	Nil / Some / Lots / Highly Skilled	Quickbooks:	Nil / Some / Lots / Highly Skilled
Microsoft Office:	Nil / Some / Lots / Highly Skilled	Photoshop:	Nil / Some / Lots / Highly Skilled
Powerpoint:	Nil / Some / Lots / Highly Skilled	Other:	
Internet Experience: Nil / Some / Lots / Highly Skilled			

What Qualifications/ Experience do you have? (Please give details)	
TAFE Certificate:	Yes / No
Business College Certificate:	Yes / No
High School Subject:	Yes / No
Other Qualifications:	
Workplace Training:	
Yes / No	
Accounts Experience:	
Yes / No	
Manuel or Computerised:	
Short Hand Experience:	
Yes / No	
Other:	

Other Information:	
Own Transport: Yes/ No Type:	Hobbies:
Preferred location:	Used to isolation: Yes/No
Casual/Permanent Work:	Used to heat: Yes/No
Start Date:	Two Way Radio/CB Experience: Yes/No
First Aid Certificate: Yes/No	Own furniture: Yes/No
Swag/Sleeping Bag: Yes/No	
M/bike Helmet: Yes/No	
Two Contactable Referee's	
Work Related - (Not a relation)	Character - (Not a relation)
Name:	Name:
Company:	Company:
Position:	Position:
Phone:	Phone:
Where did you hear about PGA Personnel?	
I will notify PGA if and when I return to employment previously arranged by PGA.	

Signature:

Date:

Medical Questionnaire

Please note: The questions below are to assist in placing you in the correct environment.

Name: _____

- | | | | |
|---|----------|--|----------|
| 1. a) Do you smoke? | Yes / No | b) Current daily consumption _____ | |
| 2. a) Do you drink alcohol? | Yes / No | b) Current daily consumption _____ | |
| 3. a) Heart trouble | Yes / No | b) Chest pains | Yes / No |
| c) Hand injury | Yes / No | d) Back, neck trouble | Yes / No |
| e) Hernia | Yes / No | f) Skin trouble | Yes / No |
| g) Fits, faints, epilepsy | Yes / No | h) Colour blindness | Yes / No |
| i) Allergies | Yes / No | j) Ear trouble, deafness | Yes / No |
| k) Diabetes, thyroid trouble | Yes / No | l) Broken bones, dislocations | Yes / No |
| m) Varicose veins | Yes / No | n) Shortness of breath | Yes / No |
| o) Persistent cough | Yes / No | p) Dizzy spells, blackouts | Yes / No |
| q) Persistent headaches | Yes / No | r) Asthma, bronchitis, other chest problems | Yes / No |
| s) Other bones, joint, muscle tendon trouble | Yes / No | t) Kidney, bladder, urinary trouble | Yes / No |
| u) Difficulty stopping bleeding easy bruising | Yes / No | v) Indigestion, stomach, bowel liver, gall bladder trouble | Yes / No |
| w) Chilblains, unusual feeling in hands/feet | Yes / No | y) High blood pressure | Yes / No |
| | | z) Are you a vegetarian | Yes / No |
| 4. a) Any illness, drug dependency not mentioned? | | | Yes / No |
| b) If so, what? _____ | | | |
| 5. a) Any serious injury not mentioned above? | | | Yes / No |
| b) If so, what? _____ | | | |
| 6. a) Have you ever received workers compensation? | | | Yes / No |
| b) Reason for this? _____ | | | |
| 7. a) When was your last medical examination? _____ | | | |
| 8. a) Are you currently on any medication? | | | Yes / No |
| b) If so, what? _____ | | | |
| 9. a) Are you receiving any other medical treatment? | | | Yes / No |
| b) If so, what? _____ | | | |
| 10. a) Have you any medical conditions etc, you wish us to be aware of ? | | | Yes / No |
| b) If so, what? _____ | | | |
| 11. Have you had a Tetnus Booster in the last 5 years _____ | | | Yes / No |
| 12. a) Do you suffer from any phobias? (eg paranoid about spiders) | | | Yes / No |
| b) Details _____ | | | |
| 13. A Drug & Alcohol test may be requested, are you prepared to participate in this | | | Yes / No |

The questions have been, to the best of my knowledge, answered correctly and completely.

Signature: _____

Date: _____