



<b>WORK VISA EXP:</b>	<b>SIGHTED: Y/N</b>
<b>PASSPORT NO:</b>	<b>SIGHTED: Y/N</b>
<b>TAX FILE NO:</b>	<b>APPLIED FOR: Y/N</b>

**PGA PERSONNEL**

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

<b>POSITION APPLIED FOR:</b> (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			
<b>EMERGENCY</b>	Surname:		First Name:
<b>CONTACT:</b>	Phone No (Home):		Phone No (Work):

<b>WORK HISTORY:</b>	<b>RELEVANT POSITIONS HELD</b>
<b>1.</b>	Company:      From / / To / /
	Address:
	Supervisor:      Title:      Phone:
	Your Position/Duties:
<b>2.</b>	Company:      From / / To / /
	Address:
	Supervisor:      Title:      Phone:
	Your Position/Duties:
<b>3.</b>	Company:      From / / To / /
	Address:
	Supervisor:      Title:      Phone:
	Your Position/Duties:
<b>LONGEST SERVING POSITION</b>	
	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](mailto:emailus@pgapersonnel.org.au)**

## APARTMENT CARETAKER APPLICATION

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

<b>Maintenance Skills:</b>	
Swimming Pool Chlorination:	Nil / Some / Lots / Highly Skilled
Swimming Pool Cleaning:	Nil / Some / Lots / Highly Skilled
Spa Maintenance:	Nil / Some / Lots / Highly Skilled
Car Park Oil Stain Removal:	Nil / Some / Lots / Highly Skilled
Light Globe Replacing:	Nil / Some / Lots / Highly Skilled
BBQ Cleaning:	Nil / Some / Lots / Highly Skilled
Window Cleaning:	Nil / Some / Lots / Highly Skilled

<b>Administration Skills</b>	
Faxing Documents:	Nil / Some / Lots / Highly Skilled
Preparing Injury Reports:	Nil / Some / Lots / Highly Skilled
Preparing Monthly Reports (Strata):	Nil / Some / Lots / Highly Skilled
Preparing Reports on Repairs:	Nil / Some / Lots / Highly Skilled
Computer Experience:	Nil / Some / Lots / Highly Skilled
Other:	

<b>Documentation:</b>	
Do you have the following:	
Trade Certificate:      Yes / No	Police Clearance:      Yes / No
First Aid Certificate:      Yes / No	Other:
Drivers Licence:      Yes / No	

<b>Other Information:</b>			
Own Transport:      Yes/ No	Type:	Hobbies:	
Preferred location:		Used to heat:	Yes / No
Casual/Permanent Work:		Used to isolation:	Yes / No
Steel Capped Boots:	Yes/No	Suitable Work Clothing:	Yes / No

<b>Two Contactable Referee's</b>	
Work Related - ( Not a relation)	Work Related - ( Not a relation)
Name:	Name:
Company:	Company:
Position:	Position:
Phone:	Phone:

<b>Where did you hear about PGA Personnel?</b>	
<b>I will notify PGA if and when I return to employment previously arranged by PGA.</b>	
<b>Signature:</b>	<b>Date:</b>

## 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: \_\_\_\_\_