



Employment Division of the Pastoralists & Graziers Association of WA (Inc)

### Application For Advertised Vacancy

#### ADVERTISED VACANCY DETAILS

Title :

#### PERSONAL DETAILS

SURNAME (BLOCK LETTERS) :		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
FIRST NAME :					
ADDRESS :					
TELEPHONE :					
Private:	Business:	Mobile:			
DATE of BIRTH :			AGE :		
DRIVERS LICENCE NUMBER :			CLASS :	EXP DATE :	
PASSPORT NUMBER :			WORK VISA EXP :		
TAX FILE NUMBER :					

#### EMPLOYMENT DETAILS

CURRENT (if applicable) :	
DATE COMMENCED :	
POSITION :	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual
NAME OF EMPLOYER :	

#### PREVIOUS EMPLOYMENT (if space is insufficient, additional details should be attached)

Dates Commenced & Ceased	Position Held	Name of Employer	Reasons for Leaving

#### REFERENCES Names, contact addresses & telephone numbers of two employment referees.

SURNAME (BLOCK LETTERS) :	
OTHER NAMES :	
CONTACT ADDRESS : (8.00am – 5.00pm)	
TELEPHONE :	MOBILE :
POSITION :	
SURNAME (BLOCK LETTERS) :	
OTHER NAMES :	
CONTACT ADDRESS : (8.00am – 5.00pm)	
TELEPHONE :	MOBILE :
POSITION :	





### Medical Information

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

Name : \_\_\_\_\_

Job Number : \_\_\_\_\_

Conditions	Yes	No	Additional Information
Any Heart Conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Colour Blindness?	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Hearing?	<input type="checkbox"/>	<input type="checkbox"/>	
Current Medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Last Medical examination?	<input type="checkbox"/>	<input type="checkbox"/>	
Workers Compensation Claims?	<input type="checkbox"/>	<input type="checkbox"/>	
Any Medical Conditions that we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>	

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_