



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:		

FACTORY HAND APPLICATION
(Die Setter, Plastic Injection and Blow Moulding)

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

Truck /Machine/Plant Operator:			
Fork Lift:	Nil / Some / Lots / Highly Skilled	Pallet work:	Yes / No
Bob Cat:	Nil / Some / Lots / Highly Skilled	DG Licence:	Yes / No
Trucks:	Nil / Some / Lots / Highly Skilled	Configuration:	MR HR HC MC
Other:			

Do you have experience with? If yes please give details or examples			
Die Setting:	Yes / No	Team Work:	Yes / No
Plastic Injection:	Yes / No	Night/Shift Work:	Yes / No
Blow Moulding:	Yes / No	Mechanical Work:	Yes / No
Other Skills:			

Other Information:			
Own Transport:	Yes/ No	Type:	Hobbies:
Preferred location:			Used to High Temp Workplace: Yes / No
Casual/Permanent Work:			Used to confined areas: Yes / No
First Aid Certificate:	Yes / No	#:	Police Clearance: Fed / State / 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: _____