



Employment Application Form

YOUR APPLICATION WILL BE KEPT ON FILE UNTIL POSITIONS BECOME AVAILABLE

Please fill out electronically and **SAVE** when completed (changes will be lost if you don't save) and email to: careers@incat.com.au

1. POSITION:

HIGHEST QUALIFICATION ATTAINED:

I am prepared to work:

Full Time Part-time Shift Work Casual

I am prepared to work in another area or position if required. Yes No

Have you previously been employed by Incat? Yes No

2. PERSONAL DETAILS:

Male Female

Surname:

Given Names:

Address:

State: Country: Postcode:

Date of Birth

Phone No: Home Mobile

Email:

Are you in good health ? Yes No

Have you ever had a claim for compensation resulting from a work related injury ? Yes No

Are you aware of any injury, illness or condition which may affect your ability to perform all the duties required by this position ? Yes No

Do you have any problems working in confined spaces ? Yes No

Do you have any problems working at heights ? Yes No

Are you willing to undergo a medical examination ? Yes No

Are you prepared to work overtime if required ? Yes No

Are you prepared to obey safety rules and wear protective clothing and equipment as required ? Yes No

Do you need a work permit to work in Australia ? Yes No

Is English your first language ? Yes No

Language(s) spoken/written (other than English)
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3. EDUCATION DETAILS

Highest Qualification Achieved:

List of TAFE or other certificates:

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4. EMPLOYMENT HISTORY

Please provide details of your **most recent** employment

1 Name of Employer Phone Number

Type of business

Contact Person & Position

Start/Finish dates: Position held

Duties/Responsibilities

Reason for leaving

.....

2 Name of Employer Phone Number

Type of business

Contact Person & Position

Start/Finish dates: Position held

Duties/Responsibilities

Reason for leaving

.....

3 Name of Employer Phone Number

Type of business

Contact Person & Position

Start/Finish dates: Position held

Duties/Responsibilities

Reason for leaving

.....

5. TRADE SKILLS

Qualifications in:

Experience in:

Details:

Aluminium Fabrication

General Fabrication

Aluminium Welding

Boiler / maker Welding

Mig Welding

Tig Welding

A Grade Electrical

Rigging Certificate

Fitting & Turning

Marine Engineering

Diesel Fitting

Plumbing / Pipe

Motor Mechanic

Welding / Pipe Fitting

Fitting Pipe Fitting

Carpentry

Joinery / Cabinet Making

Sheet Metal

Other

General

Building Industry Trade Certificate

Power Tool Licence / Certificate

First Aid Certificate

Fork Lift Licence

Driver's Licence

Elevated Work Platform Licence

Truck Licence

White Card

Other

Computer skills: (please specify).....

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Any other not mentioned please specify

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6. HEALTH AND FITNESS PARTICULARS

Have you now or in the past had any of the following:

Epilepsy, Blackouts or fits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back, Neck or Joint problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Complaint	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Problems (Asthma / Emphysema)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery (e.g. Hernia/Knee)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Eye Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental/nervous disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blood Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Serious Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sleep Apnoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Eczema/ Dermatitis)		

If yes please specify:

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Are you currently taking any drugs or medication ? Yes No

Previous injuries or illnesses including workplace injuries and claims:

DATE/YEAR OF INJURY/ILLNESS	NATURE AND DURATION OF INCAPACITY
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7. GENERAL

Have you ever been convicted of a criminal offence? Yes No

Please specify:

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Other

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8. REFEREES

Please give details of at least two people whom we may contact (not members of your family and preferably work related referees, copies to be attached).

1 Referee 1

Name

Address

Occupation..... Phone

Relationship

2 Referee 2

Name

Address

Occupation..... Phone

Relationship

9. DECLARATION OF APPLICANT

- I hereby authorise Incat Tasmania Pty Ltd or its agent to obtain references and speak to referees to verify any information relevant to this application.
- I hereby certify that the information given in this form is, to the best of my knowledge and belief, true and complete and I am aware that any inaccurate statements or information withheld may render me liable to instant dismissal.
- I acknowledge that this document does not constitute an offer of employment.
- Should my application be successful, I agree to abide by all company rules and regulations and acknowledge that confirmation is subject to a three month probationary period.

Signature of Applicant..... Date

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION FORM

SEND APPLICATION BACK VIA EMAIL OR POST

When electronically completed, please save and email to:
careers@incat.com.au

**Please also attach a resume and any other relevant documentation.*

When mailing or faxing hard copy please send to
Incat Tasmania Pty Ltd
100 Derwent Park Road,
Derwent Park, Tasmania, 7009, Australia

Tel: (03) 6271 1333 Fax: (03) 6273 0932

**Please also attach a resume and any other relevant documentation.*

