



## APPLICATION FOR EMPLOYMENT

Receipt of this application does not constitute an offer of employment  
(Please print clearly)

### PERSONAL DETAILS

FULL NAME: \_\_\_\_\_ DRIVER'S LICENCE No: \_\_\_\_\_  
 \_\_\_\_\_ or PASSPORT No: \_\_\_\_\_  
 \_\_\_\_\_ or BIRTH CERTIFICATE: \_\_\_\_\_  
*(Note: Some form of Identification needs to be provided – i.e. Driver's Licence, Passport, Birth Certificate)*  
 CURRENT ADDRESS: \_\_\_\_\_ P/CODE: \_\_\_\_\_  
 TELEPHONE: (H) \_\_\_\_\_ TELEPHONE: (W) \_\_\_\_\_  
 EMAIL (if applicable) \_\_\_\_\_ MOBILE: \_\_\_\_\_  
 TAX FILE No: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 EMERGENCY TELEPHONE CONTACT: \_\_\_\_\_ *(For Clerical Purposes Only)*

POSITION APPLIED FOR:      FULL TIME       PART TIME       CASUAL   
 AVAILABLE HOURS:      PER WEEK      MORNING       EVENING

Please state next of kin \_\_\_\_\_ Relationship? \_\_\_\_\_ Contact telephone number: \_\_\_\_\_

WOULD YOU BE PREPARED TO UNDERTAKE A TRAINEESHIP IN THE INDUSTRY? YES/NO  
 List any completed courses, training, trade certificates and provide proof for personnel file: \_\_\_\_\_  
*(Note: Acceptance of Traineeship would assist your future and may enhance employment opportunities)*

### EMPLOYMENT HISTORY

HAVE YOU PREVIOUSLY WORKED IN THE CLEANING INDUSTRY? YES/NO  
 IF YES, WHICH EMPLOYER? \_\_\_\_\_  

EMPLOYER/TRAINEESHIPS	FROM	TO	REASON FOR LEAVING

### REFEREES

PLEASE GIVE NAME AND TELEPHONE NUMBERS OF TWO (2) RECENT WORK RELATED REFEREES WHO HAVE SUPERVISED YOU:  
 Referee 1: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Referee 2: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

### MEDICAL INFORMATION / NON-DISCLOSURE

Medical Information provided, will at all times remain confidential, however it is your right to refuse to answer any or all of the following questions. Any information or details of this form will not be released to a third party unless prior authorisation is given. The information provided will assist us in our "Duty of Care" to ensure a safe working environment for all employees, we will endeavour to provide duties which do not jeopardise any employees health and safety on their work site, should this application be successful.

<b>DO YOU RECEIVE, OR HAVE YOU PREVIOUSLY RECEIVED ANY MEDICAL TREATMENT FOR THE FOLLOWING (including Medication)</b>	<b>YES</b>	<b>NO</b>	<b>If YES please give details</b>
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<b>GENERAL</b>	✓	✓	
Asthma			
Arthritis			
Blood Disorder			
Chronic Illness			
Deafness / Hearing			
Ulcers			
Epilepsy			
Eye Conditions			
Fainting / Dizziness			
Heart Conditions			
Hepatitis (any form)			
Hernia			
HIV			
Skin Conditions			
Swollen or stiff joints			
Stress Related illness			
Soft Tissue Injury			
Slipped Disks			
Strained Muscles			
Lower Back Problems			
Arm / Shoulder / Neck Problems			
Are you on any prescribed medication, which may affect your work			
Do you have any medical conditions or objections to wearing "Personal Protective Equipment"			
<b>Would you be prepared to under take a medical examination if necessary</b>			
<b>HAVE YOU EVER CLAIMED</b>			
Workers Compensation			
Motor Vehicle Accident Compensation			
Accident / Sickness Insurance			
Public Liability			

#### NON-DISCLOSURE CLAUSE

Section 79 of the Workers Compensation and Rehabilitation Act 1981, gives the workers compensation board, discretion to refuse to award compensation which would otherwise be payable, when it is proven that the worker has, at the time of seeking or entering employment, wilfully and falsely represented themselves as not having suffered from disability.

Non-Disclosure of any previous disability, injury or accident, may result in any future claim for workers compensation be declined, The Delron Group, may in their discretion, proceed with charges if any claim has been lodged giving false or misleading information.

#### POLICE CLEARANCE

Have you been convicted of any crimes in Western Australia or Other States within Australia **YES / NO**  
 Have you been convicted of any crimes outside of Australia **YES / NO**  
 Do you have any pending criminal charges **YES / NO**  
 If this application for employment is successful, a Police Clearance must be Provided Prior to Commencement.

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

### EXPERIENCE AND COMPETENCY CHECK

If you have worked previously in the cleaning industry, please indicate what experience you have and if you have had any formal training in this area. Please tick the appropriate box, and make comment where necessary.

EXPERIENCED	YES	NO	HAVE YOU BEEN TRAINED IN THIS AREA	COMMENTS	OFFICE USE (interview Comments)
	✓	✓	✓		
<b>GENERAL CLEANING</b>					
Mopping					
Dusting					
Emptying Bins					
Sweeping					
Vacuuming					
Toilets					
Food Area					
Lifts					
Glass (General)					
Mirrors					
Chemical Handling					
Desks / Tables					
<b>SPECIALITY CLEANING</b>					
Carpets					
High Pressure Washing					
Strip and Seal					
Buffing					
Polishing					
Glass Cleaning					
<b>MACHINERY USED</b>					
Vacuum					
Polisher					
High Speed Polisher					
Auto Scrubber					
High Pressure Washer					
Carpet Extractor					
Outdoor Vacuum					
Carpark Sweeper					
<b>AREAS WORKED</b>					
Offices			N/A		
School			N/A		
Shopping Centres			N/A		
Mine Sites			N/A		
Domestic			N/A		
Hotels			N/A		
Food Courts			N/A		
<b>OTHER TRAINING</b>					
First Aid					
Chemicals					
Manual Handling					
Safety and Health					
Tafe Courses					
<b>ADDITIONAL</b>					
Can You Speak English			N/A		
Can You Read English			N/A		
Do You Have Transport			N/A		

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