



APPLICATION FOR EMPLOYMENT

Please note, it is our Company policy to hold applications for a period of three months.

If work is available, applications are reviewed and suitable applicants are requested to participate in an interview.

APPLICANTS DO NOT RECEIVE AN INDIVIDUAL RESPONSE UPON THE SUBMISSION OF THEIR APPLICATION.

BARDAVCOL PTY LTD

ACN 007 784 732

BUILDING LICENCE NO. GLO52873

7 Churchill Road North, PO Box 65, DRY CREEK SA 5094

Phone: (08) 8260 5044

Fax: (08) 8349 6715

Email: headoffice@bardavcol.com.au



CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Position applied for:

Date available to take up employment:

PERSONAL DETAILS

Surname:

First name(s):

Address:

.....

Date of Birth: (Optional if under 21 years of age).....

Telephone: Business: Home: Mobile:

Do you own a car? Yes No

Do you have a current driving licence: Yes No

If "yes" what class of licence is it? Expiry Date:

Do you have any other relevant licences e.g forklift Yes No

If "yes" what class of licence is it? Expiry Date:

Can you read English? Yes No

Can you speak English? Yes No

Can you speak a language other than English? Yes No

If "yes" what language:.....

Are you seeking: Full-time Part-time Casual

If you are seeking part-time or casual what are your preferred number of hours?.....

If applicable to the position please tick if you are prepared to work:

Shiftwork Weekends Outside of Ordinary Hours

EDUCATION

<i>Secondary Schools Attended</i>	<i>Dates</i>		<i>Examination (Subjects/Results)</i>
	<i>From</i>	<i>To</i>	

FURTHER EDUCATION / TRAINING

<i>Where Undertaken</i>	<i>Dates</i>		<i>Type of Training</i>	<i>Qualifications</i>
	<i>From</i>	<i>To</i>		

PREVIOUS EMPLOYMENT

Please include details of your most recent employment and use the space below to give details of other employment, working backwards from the most recent.

Present/Previous Employer:

Address:

.....

Type of Business:

Date Employment Commenced: Date Employment Ceased:

Job Title:

Duties/Responsibilities:

.....

Reason for Leaving:

Present/Previous Employer:

Address:

.....

Type of Business:

Date Employment Commenced: Date Employment Ceased:

Job Title:

Duties/Responsibilities:

.....

Reason for Leaving:

Present/Previous Employer:

Address:

.....

Type of Business:

Date Employment Commenced: Date Employment Ceased:

Job Title:

Duties/Responsibilities:

.....

Reason for Leaving:

Do you agree that we can contact your previous employer for a reference? Yes No

INTERESTS / HOBBIES

Give details of pastimes, sports, etc

.....
.....
.....
.....

Offices held in social / sports clubs, etc

.....
.....
.....
.....

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

PERSONAL REFEREES

Not members of your family

Name:

Address:

.....

Occupation:

Telephone: Business: Home: Mobile:

Name:

Address:

.....

Occupation:

Telephone: Business: Home: Mobile:

SPECIAL CONDITIONS OF EMPLOYMENT

1. All employees are required to comply with Bardavcol's Statement of Health and Safety Policy and Safety Rules, copies of which are given to all employees upon commencement of employment.
2. Employees are required to provide the company with details of an approved Bank or Building Society account for payment of wages upon commencement of employment.
3. Employees are required to provide the company with details of any changes to the information previously given in this Application for Employment form as soon as such changes occur.
4. Employees are required to complete company timesheets and documentation on a daily basis showing true and accurate recordings for payroll calculation and administration purposes.
5. Employees are required to work under Bardavcol's current industrial arrangements which may include and Enterprise Collective Agreement.

DECLARATION BY APPLICANT

1. I undertake to abide by all applicable award conditions, industrial arrangements and rulings.
2. I declare that all particulars stated above are complete and correct.
3. I understand that I am engaged dependent on proving satisfactory for a probationary period of not more than four weeks.
4. I undertake to wear clothing and footwear appropriate to⁹ the work role and observe all company safety regulations and reasonable instructions.
5. I acknowledge that I may be required to work on project sites remote from Adelaide.
6. I am prepared to accept payment of any wages into an approved Bank or Building Society account.

.....
(Signature)

.....
(Date)

CERTIFICATE OF INTERPRETER

Where applicable

Name:

Address:

.....

I certify that I read this Application for Employment to the above-mentioned applicant in the language after which he signed the document in my presence.

.....
(Signature)

.....
(Date)

OFFICE USE ONLY

Interviewer must complete

Commencement Date:

Employed As:

Commencement Rate:

Probationary Period:

Remarks:

.....

.....

.....
(Company Officer's Signature)

.....
(Date)
