



JOB APPLICATION FORM

STRICTLY CONFIDENTIAL

Date:

Position Applied For:

Personal Details:

Name in Full:

Address:

Suburb: Post Code:

Telephone Number: (Home) (Mobile)

Email Address:

Postal Address:
(if different from above)

Date of Birth:/...../.....

Marital Status: Sex:

No. of Dependants:

Tax File Number:

Are you a member of a provident / superannuation fund?

If YES, give details:

Fund Name:

Policy/Member No:

Next of Kin:

Name: Relationship:

Address:

..... Telephone Number:

Education Standard:

Standard Reached:

Trade Qualifications:

Work Experience / Previous Employment:

Last Place of Employment:

Position:Period:

Reason For Leaving:

Previous Employment:

Position:Period:

Reason For Leaving:

Previous Employment:

Position:Period:

Reason For Leaving:

References:

1. Company Name:

Name:Phone Number:.....

2. Company Name:

Name:Phone Number:.....

3. Company Name:

Name:Phone Number:.....

Medical History

Do you suffer from any of the following?

Fits	YES / NO	Backaches	YES / NO
Fainting	YES / NO	Hemia	YES / NO
Blackouts	YES / NO	Other

Are you on any Medication? YES / NO

If YES give details:

Do you have any allergies? YES / NO

If YES give details:

Have you lost work time through illness during the last two years?

IF YES, specify:

Have you suffered any serious illness or impairment likely to affect your driving? Yes / No

Have you received benefits from a Workers Compensation or Workcover claim? YES / NO

If YES give details:

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Pre-Existing Injury/Disease Declaration

If you are offered the position you will be required to complete a pre-existing Injury/Disease Declaration. We request that you disclose any pre-existing injuries or diseases of which you are aware and you could reasonable expect to affect the nature of the position you are applying for. You must read the position description before answering this question. In the event of any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing condition which you have failed to make a disclosure or have made a false or misleading disclosure, you will not be entitled to any compensation under the Accident Compensation Act.

Have you any medical history, pre-existing illnesses, diseases, physical or psychological conditions which could be aggravated by the type of work you are applying for: Yes / No

If yes please explain:.....

Do you agree to undergo a Medical Examination and Hearing Test by the employee Doctor? Yes / No

I ALSO AGREE THAT IN MY PRESENCE MY BAG OR VEHICLE WHILST ON COMPANY PROPERTY MAY BE SEARCHED.

I ALSO UNDERSTAND THAT I WILL BE ON A Three (3) MONTH PROBATIONARY PERIOD. AFTER SUCH TIME I WILL BE NOTIFIED IN WRITING BY THE PERSONNEL OFFICER.

Declaration By Applicant

I give Economix consent to contact person/s or entity/s nominated in this application to confirm the information provided and to obtain references to assist my application for tenancy. I hereby declare that the information given is true and correct. I understand that if I make any omission or false statements in this application I may be dismissed without notice. I understand that if successful I will be required to provide a driving record from Vic Roads

Dated : Signature :

- FOR OFFICE USE -

Commencement Date :

Position :

Wages / Salary : \$ Per Hour \$

Probationary Period :

Full Time / Part-Time / Casual

Duties :

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Employers Signature :Dated :

Conditions of Employment

All Economix employees are bound by the following conditions:

- I understand that giving false or misleading information to any questions within this application; this can be used for dismissal on the grounds of misconduct.
- Economix Probationary Period Policy states the casual employees and part time employees with less than 20 hours of work per week must complete a six month probationary period and permanent employees with more than 20 hours of work per week, must complete a three month probationary period. During this period both parties will determine suitability to the position.
- I am prepared to submit to a hearing and examination by a medical officer prior to commencing with Economix and, if required, at any time thereafter regarding my fitness for duty. I also give permission for to release my full medical report and information to Economix.
- I understand that I will be required to undertake Drug and Alcohol testing as required by Economix.
- Our workplace and vehicles are smoke free therefore smoking is not permitted while employees are in the grounds or operating a company vehicle, if you wish to smoke this must outside the front gates of the ground and not in any company vehicles.
- I understand that strict conformity with safety rules, proper use safety equipment and the wearing of suitable clothing, eye protection and approved footwear is required by all employees of Economix.
- Employees are to notify Plant/Yard manager when taking prescription drugs which may impair their judgement in carrying out allocated duties or driving a vehicle.
- Employees cannot consume any intoxicating substance while on duty and employees must not attend for duty affected by the consumption of any substance.
- Any employee who has driving responsibilities must hold a current Victorian drivers licence that is reflective to the vehicle that have been employed to drive. If an employee has an interstate licence at the time of employment they must produce a Victorian licence to the General Manager within three months of commencing employment.
- Employees are to notify Economix immediately if their driver's licence is suspended or cancelled. This may lead to termination of employment at the employer's discretion.
- Whilst engaged in the employment of Economix and operating a vehicle, employees must wear seatbelts. Failure to comply with this condition could result in termination.
- Whilst engaged in the employment of Economix and driving company vehicle employee's mobile phones are not to be used unless employee has hands free/Bluetooth device. Failure to comply with this condition could result in termination.
- I am prepared to work reasonable amounts of overtime.
- I understand that in the final stages of recruitment Economix reserve the right to contact an existing employer as a final reference check prior to making an offer of employment.
- Employees who sustain an injury or illness directly in the course of the their employment are to promptly advise their supervisor and ensure the report to entered into Economix " Register of Injuries" or complete "Incident Notification " form found at each work place. The completed form must be faxed to the Deer Park office on 03 9390 0244 and the original is to be given to you supervisor to send over to the Deer Park Office. Failure to notify your employer within 30 days of becoming aware of the injury or illness, which might entitle you to compensation under Workcover, may jeopardise your entitlement to compensation.

I have read and fully understand the agreed conditions

Print Name.....Applicants Signature.....Date.....

Print Name.....Witness Signature.....Date.....

Pre-Existing Injury/Disease Declaration

This is a formal request under sub-section 82(7) (b)(ii) of the *Accident Compensation Act 1958* (Vic.) that you disclose to the employer any pre-existing injuries, conditions or diseases suffered by you of which you are aware and can reasonably be expected to foresee could be affected by the nature of the proposed employment.

You should be aware that sub-section 82(8) of the *Accident Compensation Act 1985* (Vic.) will apply to any false or misleading statement or failure by you to make the disclosure requested by Economix, and that, as a consequence, you may not be entitled to compensation under the said Act which relevantly provides:

- 7) If it is proved that before commencing employment with the employer-
 - (a) a worker had pre-existing injury or disease of which the worker was aware; and
 - (b) the employer in writing-
 - (i) advised the worker as to the nature of the proposed employment; and
 - (ii) requested the worker to disclose all pre-existing injuries and diseases suffered by the worker of which the worker was aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment; and
 - (iii) advised the worker that sub-section (8) will apply to a failure to make such a disclosure or the making of a false or misleading disclosure; and
 - (iv) advised the worker as to the effect of sub-section (8) of the worker's entitlement to compensation; and
 - (c) the worker failed to make such a disclosure or made a false or misleading disclosure- sub-section (8) applies.

- 8) If this sub-section applies, any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of employment when the employer does not entitle the worker to compensation under this Act. (emphasis added)

I, _____ state that, in answer to the request made herein pursuant to sub-section 82(7)(b)(ii) of the *Accident Compensation Act 1958* (Vic.), I have suffered the following injuries that may be affected by the proposed employment:

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I have read and fully understand the agreed conditions

Print Name.....Applicants Signature.....Date.....

Print Name.....Witness Signature.....Date.....