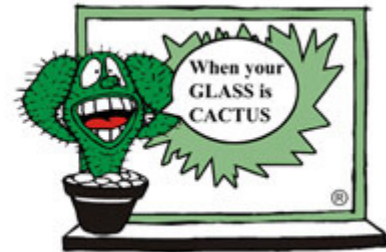


# A.S.A.P Glass

PH: 55 22 9020  
 FAX - 55 22 9044  
 P.O. Box 1007, NERANG 4211  
 Unit 1 No 10 Keller Crescent, CARRARA 4211  
 A.B.N. 651 542 978 05  
 Q.B.S.A. 1046084



## Application for Employment

<b>Surname</b>	<b>First Name</b>	<b>Other Name(s) Initial</b>

<b>Present Address</b>	<b>How Long There?</b>	<b>Phone</b>

<b>Height</b>	<b>Weight</b>	<b>Date of Birth</b>	<b>Australian Citizen</b>	<b>Citizenship if not Australian</b>

<b>Drivers License Number</b>	<b>State</b>

EDUCATIONAL BACKGROUND				
Period (to & from)	Level	School & City	Major Subjects	Awards
	Primary			
	Secondary			
	Tertiary			
	Business or Vocational			

<b>Business and Personal Membership</b>

EMPLOYMENT HISTORY				
From (Mth & Yr)	To (Mth & Yr)	Employer Name & Address	Job Title & Supervisor	Salary & Reason for leaving
			Your Position:	\$ Per:
			Name of Supervisor:	Reason for leaving:
			Your Position:	\$ Per:
			Name of Supervisor:	Reason for leaving:
			Your Position:	\$ Per:
			Name of Supervisor:	Reason for leaving:

<b>PERSONAL REFERENCES</b> (People, not relatives or former employer, who have known you for at least 1 year)			
<b>Name and Address</b>	<b>Occupation</b>	<b>Telephone</b>	<b>How Long known?</b>

<b>General Questions</b>	<b>No</b>	<b>Yes</b>	<b>Applicable details if Yes</b>
Have you ever received Workers Compensation or Work Care Benefits or Benefits under a Sickness or Accident Policy?			
Do you suffer from any serious illness, disease or disorder?			
How many days have you lost because of sickness over the past two years?			
Have you ever suffered a back injury?			
Do you have any physical condition or disabilities which may limit or preclude your ability to perform the particular job for which you are applying?			
Have you ever been arrested or convicted of a crime?			
Have you ever been discharged from employment?			
Do you have any objection to enquiries of your present employer regarding qualifications and character?			
Do you have any objection to us seeking verification and additional information to any matter within this application?			

**Sport and recreational Interests**

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**What are your reasons for applying for this job?**

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**APPLICANT'S AGREEMENT**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY; THEY CONSTITUTE UNDER WHICH YOU MAY BE EMPLOYED.**

1. The information that I have provided on the application is accurate to the best of my knowledge and subject to validation.
  2. I authorise the persons, schools, current employer (if approved by me in the Employment History section) and other organisations or employers named in this application to provide any relevant information that may be required to arrive at an employment decision.
  3. I understand and agree that:
    - (a) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed, termination from employment.
    - (b) Although management makes every effort to accommodate individual preferences, business needs frequently make the following conditions mandatory: overtime, shift work, a rotating work schedule and work schedules other Monday through Friday. I understand and accept these conditions of my continuing employment.
    - (c) A medical examination may be required. (Results will be held in confidence by us except where release of such information is required by law.
- Also, when certain medical restrictions relate to an individual's ability to perform a job or series of jobs, those restrictions will be communicated to Personnel or Management.

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**Applicants Signature**

**DATE**