



# ASAP GLASS P/L

ABN:46 104 225 069

## 1300 734 584

### 24 HOURS / 7 DAYS

All correspondence: P.O. Box 1007 NERANG QLD 4211

Fax number: 07 55 22 9044

Application For Employment				
Last name:		First Name:		Other Name(s) Initial:
Present Address: (no., Street, City, State, Code)			How long there:	Phone:
Height: cr	Weight: cms	Date of birth: Day Mo Yr	Aust. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship if not Aust:
Driver's Licence No:				
EDUCATIONAL BACKGROUND				
Period Mo & Yr to mo & Yr	Level	School & City	Major Subjects	Awards
	Primary			
	Secondary			
	Tertiary			
	Business Or Vocational			
Business and personal memberships:				
EMPLOYMENT HISTORY				
Period Mo & Yr To Mo & 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	
		Your Position:	\$	Per
		Name of supervisor:	Reason for Leaving	
PERSONAL REFERENCES (People , not relatives or former employer, who have known you at least 1 year)				
Name and Address	Occupation	Telephone	How long known?	

	No	Yes	Applicable details if Yes
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 disability 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?			
<b>SPORT AND RECREATIONAL INTERESTS</b>			
_____			
_____			
_____			
_____			
_____			
<b>WHAT WERE YOUR REASONS FOR APPLYING FOR THIS JOB?</b>			
_____			
_____			
_____			
_____			
<b>APPLICANT'S AGREEMENT</b>			
<b>PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY; THEY CONSTITUTE UNDER WHICH YOU MAY BE EMPLOYED.</b>			
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.			
Applicant's Signature			Date