



# Application for Employment

\*\* Not mandatory

PERSONAL DETAILS											
Surname:			Given Names:								
Address:					Post Code:						
Home Phone:		Work Phone:		Mobile:							
*Date of Birth:		*Age:		E-mail:							
Are you legally entitled to work in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>											
What proof can you provide that you are legally entitled to work in Australia? (tick most appropriate)											
Originals of: <ul style="list-style-type: none"> <li><input type="checkbox"/> Australian Birth Certificate</li> <li><input type="checkbox"/> Australian Citizenship Certificate</li> <li><input type="checkbox"/> Australian Passport</li> <li><input type="checkbox"/> Certificate of evidence of resident status</li> <li><input type="checkbox"/> Valid visa with work rights</li> </ul>											
EMPLOYMENT DESIRED											
Position:			Earliest Commencement Date:								
Have you ever sought or held employment with this Company in the past?								<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Where?		When?		Position held if previously employed?							
Are you currently employed?					<input type="checkbox"/> Yes		<input type="checkbox"/> No				
May we contact your current employer to enquire about your work history?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		Past employers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WORK EXPERIENCE											
Commencing with your current or most recent employer, please provide the following details for all employers. Failure to provide the details requested may prevent us from fully considering your application.											
Employer's Name:			Telephone No:								
Address:											
Position Held:		Employment Period:		From:	To:						
Reason for Leaving:											
Employer's Name:			Telephone No:								
Address:											
Position Held:		Employment Period:		From:	To:						
Reason for Leaving:											
Employer's Name:			Telephone No:								
Address:											
Position Held:		Employment Period:		From:	To:						
Reason for Leaving:											

EDUCATION				
Highest level of education attained	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Trade or Other Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree
School/Institution Attended:				
Name of Course:			Level Completed:	

INDUSTRY QUALIFICATIONS AND EXPERIENCE				
Drivers' Licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Licence No	_____ Class/s _____
Generic Qld Surface Induction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where	_____ When _____
Coal Board Medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where	_____ When _____
Other Tickets, Qualifications, Skills or Experience	_____			

PHYSICAL RECORD	
A Coal Board Medical Examination is a condition of employment and must be carried out by a medical adviser before any offer of employment is finalised.	
Is there any reason why you would be unable to perform the tasks as outlined in the position description?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes state reason why _____
Is there any medical condition that you are aware of that may restrict you from performing the role applied for?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state details of the conditions? _____

REFERENCES		
Give the names and contact details of two (2) persons not related to you, whom you have known for at least 1 year.		
Referee's Name:	_____	Telephone No: _____
Address:	_____	
Business Occupation:	_____	Number of years known: _____
Referee's Name:	_____	Telephone No: _____
Address:	_____	
Business Occupation:	_____	Number of years known: _____

**Please Note:**

- All applications will be treated confidentially and fairly
- All applications will be retained on file for 6 months. A further application will be required after that date should you take an interest in a position.
- This information will be used for recruitment and selection purposes only.

I authorise Depco Drilling to obtain any information regarding my previous employment and to contact nominated referees.

I also declare that the information contained in this employment application is true, complete and correct in every detail, to the best of my knowledge and belief.

I acknowledge and accept that a false statement or dishonest answer to any question may be grounds for me being asked to show cause as to why my employment should not be terminated should my application be successful.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in employment with DEPCO Drilling

Upon completion and signature please return to:

Human Resources Manager  
DEPCO Drilling  
PO Box 5011  
C.Q Mail Centre 4702  
Rockhampton QLD

