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HOUTMAN CHARTERS PTY LTD
TRADING AS

Mark Millman MARINE



**WE DON'T BUILD THE MOST
WE BUILD THE BEST**

APPLICATION FOR EMPLOYMENT

Position Applied for:		Current Trade Qualification:	
Surname:		First Names:	
Address:			

Physical / Health History

Date of Birth:		Marital Status	
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IMPORTANT Section 79 of the Workers Compensation and Rehabilitation Act 1981

"Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable"

Please specify any Pre-Existing Medical Conditions / injuries / Workers Compensation Claims which may affect work for which you have applied:

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Do you suffer from any back, neck, shoulder or knee complaint? Yes No

If **Yes**, give details:

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Are you required to take medication which may:

A. Affect your work performance? Yes No

B. Affect your attendance at work? Yes No

How much time lost from work in the past three years for illness or injury?

Do you smoke? Yes No

Would you be willing to take a medical examination? Yes No

Would you be willing to take an alcohol and other drug test? Yes No

Details of Previous Employers

Started	Company	Position	Finished	Reason for Leaving

Have you been previously employed by this Company? Yes No

List three Professional Referees:

Name	Company	Address	Position	Phone No.

Drivers Licence no.		State		Class		Expiry Date	
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Statement

In signing this Application for Employment, I acknowledge that any misrepresentation of facts is sufficient for dismissal.

Applicants Signature		Date:	
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