

MCS - EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

I hereby wish to apply for the position of _____

Date: ___/___/___

Dept: _____

APPLICANT DETAILS:

Surname: _____ Given Names: _____

Address: _____

_____ P.C: _____ Tel: home _____

mobile _____

Date of Birth: _____ Place of Birth: _____

Australian Citizen: YES/NO

Permanent Resident: YES/NO

Are you legally allowed to work in Australia: YES/NO

Languages: Spoken - _____

Written - _____

Drivers Licence: YES State of Issue: _____
(please tick)

NO Class: _____

Please list any other licences or accreditations you hold.

Are you a member of any Professional Associations? Please list them and your joining date.

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PLEASE LIST YOUR EDUCATIONAL QUALIFICATIONS:

Secondary: _____ Year Completed: _____

Tertiary: _____ Year Completed: _____

Other: _____ Year Completed: _____

Special Skills: _____ Year Completed: _____

EMPLOYMENT RECORD:

Please list previous employers, position held, details of duties, period of employment and reasons for leaving (instead of completing this section you can attach a copy of an updated resume that completely answers these questions).

	EMPLOYER	POSITION/DUTIES	FROM/TO	REASON FOR LEAVING
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Previous employees will be contacted regarding your employment (See condition c] on last page).

Have you ever worked for MCS before: YES NO

Reason for Leaving: _____

Years of service: _____

Do you have a relative/friend currently working at MCS: YES NO

Relative/Friend Name: _____

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Next of Kin Notification:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Home: _____ Work: _____ Mob: _____

HEALTH CONSIDERATIONS:

Do you have any disability or medical condition that could affect your ability to perform the duties of the position you have applied for?

YES/NO If Yes, please supply details: _____

Potential employees will be required to undergo a medical assessment (See conditions d] on last page).

Do you have any Workers Compensation claims pending: YES/NO

If Yes, please supply details: _____

Contact person in case of emergency (if different to next of kin):

Address: _____

_____ P.C. _____

Tel: (____) _____ Relationship: _____

CRIMINAL RECORD CHECK

Do you have a criminal record? Yes No

If yes please explain:

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THESE CONDITIONS MUST BE READ

- a] I understand that all information supplied on this form is true and accurate and any false or misleading information may render my contract of employment, if I am appointed, liable to termination.
- b] I understand that strict conformity with safety rules, equipment and the wearing of approved clothing, footwear, vests etc., is required of employees by the Company.
- c] I understand that MCS may be contacting my referees for references. My signature authorises them to do so.
- d] With regard to my fitness for duty I am prepared to submit for a medical assessment by a medical officer, nominated by the company, should this be required at any time during my employment.
- e] I understand that the word Company wherever used in this document means **MARITIME CONTAINER SERVICES Pty. Limited.**
- f] If I am unsuccessful at this point, I do/ do not (**cross out which does not apply**) give permission for my details to be retained for consideration for future job openings.

Signature of applicant: _____

Date: ___/___/___