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ABN: 64052440678

Application for Employment

Personal Information

Position applied for: _____

Date: _____

Name: _____

Address _____

DOB _____

Home Number _____ Mobile Number _____

Do you have a Resume? Y / N - If Yes, Please attach to this application

Do you have any Medical Conditions? Y / N

If Yes, give Details _____

Have you ever made a claim on work cover? Y / N

If Yes, give Details _____

Employment Information

Previous experience and qualifications

	<u>Position</u>	<u>Employer</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

References

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Do you have your own transport: Y / N

Do you have a current Queensland Drivers Licence: Y / N - Number: _____

Do you have a current Queensland Forklift Ticket: Y / N - Number _____

The information I have supplied in this application is true and correct to the best of my knowledge. I accept that failing to provide accurate details in this application will result in refusal of employment.

Signed: _____ Date: _____