



Chip, Log & Haulage Contractors

A.B.N 59 124 136 116 A.C.N 124 136 116

Telephone: 07 4123 3339

Facsimile: 07 4122 3339

P.O Box 98

Maryborough Qld 4650

INTEREST OF EMPLOYMENT FORM

Title Mr Mrs Ms Miss (please tick)

Surname _____ First Name _____

Occupation _____

Residential Address _____ Post Code _____

Home Phone No. _____ Mobile No. _____

Next of Kin _____ Emergency Name _____
Phone No _____

Drivers License Yes No (please tick) Licence No. _____
Class _____

Any Other Licenses or Trade Tickets

Any Tertiary Certificates

Medical

A full medical check up is required for all employees of the company and a Medical Certificate obtained for our records.

Have you ever made any workers compensation claims in the last five years? Yes/No

Current Employment:

Employer:.....

Commenced:../.../....

Position/s:.....

Major Duties:.....

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Employment History – Previous Ten Years including Vacation/Part-time Work/
Work Experience)

Employer (Most Recent First)	Position	From – To	Reason For leaving

Professional Referees: (People you have worked with or for excluding relatives)

Name	Position/Title	Company	Phone

MEDICAL DETAILS

NAME:			
HAVE YOU NOW, OR IN THE PAST HAD ANY OF THE FOLLOWING?	NO	YES	IF "YES", PLEASE GIVE DETAILS
AN INJURY, ILLNESS OR OPERATION			
DIABETES			
EPILEPSY			
HIGH BLOOD PRESSURE			
RHEUMATIC FEVER			
ASTHMA			
FRACTURE OR SPRAINS TO LIMBS			
BACK PAIN, BACK COMPLAINTS			
FAINTING OR FITS			
ALLERGIES			
JOINT TROUBLE			
HERNIA OR RUPTURE			
MUSCULAR PROBLEMS			
MENTAL, NERVOUS DISORDER			
SKIN DISEASES, DERMATITIS			
STOMACH, DUODENAL ULCER			
CANCER GROWTH, TUMOR			
EAR DISEASE, SINUS TROUBLE			
NECK PROBLEMS			
CHEST COMPLAINTS			
FOOT OF LEG COMPLAINTS			
REPETITIVE STRAIN INJURIES			
PERMANENT DISABILITY FROM BIRTH, OR DUE TO INJURY OR DISEASE			
INFECTIOUS DISEASES – ie Measles, Mumps, Chicken Pox, Glandular Fever, Hepatitis A/B/C, TB			
ANY OTHER CONDITION NOT LISTED ABOVE?			
EXPOSURE TO EXCESSIVE NOISE			
EXPOSURE TO ASBESTOS OR CERAMIC FIBRES			
EXPOSURE TO REPETITIVE TASKS			
DO YOU WEAR SPECTACLES OR CONTACT LENS?			
ARE YOU CURRENTLY HAVING ANY MEDICAL TREATMENT			

DO YOU SMOKE? (Please tick one)	YES HAVE NEVER SMOKED HAVE GIVEN UP	FOR HOW MANY YEARS?	HOW MANY PER DAY?	DO YOU DRINK ALCOHOL? (Please tick one)	DAILY WEEKLY OCCASIONALLY NEVER
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HAVE YOU EVER MADE ANY WORKERS COMPENSATION CLAIMS? YES / NO		IF "YES", PLEASE GIVE DETAILS
YEAR	INJURY	NAME OF EMPLOYER

I hereby certify that the above particulars are correct to the best of my knowledge. I understand that any inaccurate statement made by me, or information withheld by me, may result in any Workers Compensation benefits being reduced, and may result in my employment being terminated.

SIGNED..... DATE.....

I, _____ declare

- a) That the answers to the foregoing are to the best of my knowledge true and correct in every particular.
- b) That if my application for employment is successful, I will be bound by and at all times observe and respect such terms and conditions relating to the contract of employment, and at all times will obey such policies and rules as from time to time instructed, specified or otherwise stipulated by the employer and its officers.
- c) That I understand that any false declaration made by me in this application subjects me to dismissal without notice.
- d) That I understand and agree that through participating in the selection process the employer may require me to undergo a medical assessment at my own expense and if so engaged, agree to continue to participate in such programs from time to time as required by the employer, at the employer's expense.
- e) After entering into a contract of employment with the employer I agree to submit to search by an officer of the employer of my person, or any vehicle, parcel or receptacle in my possession whilst performing day to day duties or on the employer's property.
- f) I agree to my pervious employers being requested to furnish a confidential report of my service, an any information that will assist in determination of my suitability for employment.
- g) I understand that if my application for employment is successful I will be bound by and at all times observe the relevant provisions of the Queensland Workplace Health and Safety Act and regulations pursuant thereto. I further agree to comply with any other safety requirements advised to me, either in writing or verbally, by an authorized officer of the employer.
- h) I understand that if my application for employment is successful I will be bound by at all times observed the relevant provisions of the employers Award, or Industrial Agreements, and relations pursuant thereto. I further agree to wherever possible and reasonable, accept responsibility for all personal protective equipment, equipment and uniforms supplied to me, equipment used by me, and keep same in good order and condition solely for the use in the course of my employment.

Signed _____ Date ____ / ____ / ____

PRINT NAME _____