**event services international Pty Ltd**

**Application Form**

**Section 1: Personal Details**

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| --- | --- | --- | --- |
| Applicant Name |  | | |
| Unit Number |  | Street Address |  |
| Suburb |  | | |
| Postcode |  | | |
| Date of Birth |  | | |
| Mobile |  | | |
| Email |  | | |
| Australian Tax File Number |  | | |
| Uniform size | *For supplied company uniform* | | |

**Section 2: Qualifications**

Please supply a copy of all qualifications with your application.

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| --- | --- |
| **Qualification** | **Details** |
| 1. General Induction Card   (White Card).  ***Note:*** *this is a minimum requirement to work for esi.* | *List card number here and attach a copy.* |
| 1. Driver’s License   (Country of Issue) | * I do not possess a drivers licence – **move to Question 10** * Australian Drivers Licence * International Licence   Country of issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Attach a copy of qualification. Please provide a certified translation for licenses not in English.* |
| 1. Driver’s License Number |  |
| 1. Driver’s License Expiry |  |
| 1. What type of vehicle can you drive? | * Manual Vehicle * Automatic Vehicle |
| 1. Do you have your own vehicle to get to work? | * Yes * No |

**Section 2: Continued**

|  |  |
| --- | --- |
| 1. Driver’s License Class | Licence Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any licence restrictions:   * Red Provisional Driver * Green Provisional Driver * Other (please list): |
| 8. Do you have experience driving in NSW? | * Yes – 6 months or more * Yes - less than 6 months * No – but am confident driving * I do not wish to drive a work vehicle |
| 9. Has your drivers licence ever been suspended? | * No   *If No, please attach a NSW Driving Record.*   * Yes (please provide details below): |
| 10. Do you have the confidence to drive a work vehicle with equipment? | * Work Ute * Work Ute with trailer * Van |
| 11. Forklift License | *If yes, list expiry date and attach a copy.* |
| 12. Elevating Work Platform License | *If yes, list expiry date and attach a copy.* |
| 13. Traffic Controller (Blue) | *If yes, list expiry date and attach a copy.* |
| 14. Implement Traffic Control Plans (Yellow) | *If yes, list expiry date and attach a copy.* |
| 15. Other Traffic Qualifications | *If yes, list type, expiry date and attach a copy.* |
| 16. First Aid qualified  (Australian Certified) | *If yes, list expiry date and attach a copy. Overseas certificates are only valid if NSW course is completed, please attach.* |
| 17. Responsible Service of Alcohol | *If yes, list expiry date and attach a copy.* |
| 18. Security License | *If yes, list license number and attach a copy* |

**Section 3: Work Availability**

|  |  |
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| 1. How many hours or days are you seeking per week? |  |
| 2. When are you available to commence work? | * Immediately * I am currently committed to other work and need to give notice * Other (please list): |
| 3. Do you have any restrictions on your right to work in Australia? | * Yes * No – move to **Section 4**   *By selecting no, you confirm you have unrestricted rights to work within Australia* |
| 4. VISA type and sub class |  |
| 5. Do you have work restrictions associated with your VISA? | * Yes – see below * No – move to **Section 4** |
| 6. List your VISA conditions | *Provide details on your work restrictions including hours per week and length of service where applicable*  *Attach a copy of your VISA* |

**Section 4: Work Skills**

Please provide information on your experience and ability to perform tasks associated with the role.

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| --- | --- |
| 1. Are you confident in your ability to physically perform these tasks? | a.Standing for shifts up to 12 hours in all weather conditions:   * Yes * No   b.Lifting and/or loading equipment onto or off work vehicles up to 30kgs:   * Yes * No   c. Continually carrying equipment into position up to 30kgs:   * Yes * No |
| 2. Do you have any injuries or physical restrictions that prohibit you from performing any of the tasks listed above (a-c)? | * Yes. Please list: * No |
| 3. Do you have experience in using tools? | * Power tools * Hand tools * No |
| 4. Have you ever made a Workers Compensation claim in respect of any injury? | * Yes * No |

**Section 5: Application Declaration**

I am the applicant named on the form. All information in this form as well as the identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employee me, or if already employed, instant dismissal.

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| --- | --- |
| Applicant Name: |  |
| Applicant Signature: |  |
| Date: |  |