



event services international

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 | <i>For supplied company uniform</i> | | |

Section 2: Qualifications

Please supply a copy of all qualifications with your application.

| Qualification | Details |
|--|--|
| 1. General Induction Card (White Card). Note: this is a minimum requirement to work for esi. | <i>List card number here and attach a copy.</i> |
| 2. Driver's License (Country of Issue) | <input type="checkbox"/> I do not possess a drivers licence – move to Question 10 <input type="checkbox"/> Australian Drivers Licence <input type="checkbox"/> International Licence Country of issue: _____ <i>Attach a copy of qualification. Please provide a certified translation for licenses not in English.</i> |
| 3. Driver's License Number | |
| 4. Driver's License Expiry | |
| 5. What type of vehicle can you drive? | <input type="checkbox"/> Manual Vehicle <input type="checkbox"/> Automatic Vehicle |
| 6. Do you have your own vehicle to get to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Section 2: Continued

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|--|--|
| 7. Driver's License Class | Licence Class: _____ Do you have any licence restrictions: <input type="checkbox"/> Red Provisional Driver <input type="checkbox"/> Green Provisional Driver <input type="checkbox"/> Other (please list): |
| 8. Do you have experience driving in NSW? | <input type="checkbox"/> Yes – 6 months or more <input type="checkbox"/> Yes - less than 6 months <input type="checkbox"/> No – but am confident driving <input type="checkbox"/> I do not wish to drive a work vehicle |
| 9. Has your drivers licence ever been suspended? | <input type="checkbox"/> No <i>If No, please attach a NSW Driving Record.</i> <input type="checkbox"/> Yes (please provide details below): |
| 10. Do you have the confidence to drive a work vehicle with equipment? | <input type="checkbox"/> Work Ute <input type="checkbox"/> Work Ute with trailer <input type="checkbox"/> Van |
| 11. Forklift License | <i>If yes, list expiry date and attach a copy.</i> |
| 12. Elevating Work Platform License | <i>If yes, list expiry date and attach a copy.</i> |
| 13. Traffic Controller (Blue) | <i>If yes, list expiry date and attach a copy.</i> |
| 14. Implement Traffic Control Plans (Yellow) | <i>If yes, list expiry date and attach a copy.</i> |
| 15. Other Traffic Qualifications | <i>If yes, list type, expiry date and attach a copy.</i> |



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|---|--|
| 16. First Aid qualified (Australian Certified) | <i>If yes, list expiry date and attach a copy. Overseas certificates are only valid if NSW course is completed, please attach.</i> |
| 17. Responsible Service of Alcohol | <i>If yes, list expiry date and attach a copy.</i> |
| 18. Security License | <i>If yes, list license number and attach a copy</i> |

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? | <input type="checkbox"/> Immediately <input type="checkbox"/> I am currently committed to other work and need to give notice <input type="checkbox"/> Other (please list): |
| 3. Do you have any restrictions on your right to work in Australia? | <input type="checkbox"/> Yes <input type="checkbox"/> No – move to Section 4 <i>By selecting no, you confirm you have unrestricted rights to work within Australia</i> |
| 4. VISA type and sub class | |
| 5. Do you have work restrictions associated with your VISA? | <input type="checkbox"/> Yes – see below <input type="checkbox"/> No – move to Section 4 |
| 6. List your VISA conditions | <i>Provide details on your work restrictions including hours per week and length of service where applicable Attach a copy of your VISA</i> |



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: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Lifting and/or loading equipment onto or off work vehicles up to 30kgs: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Continually carrying equipment into position up to 30kgs: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have any injuries or physical restrictions that prohibit you from performing any of the tasks listed above (a-c)? | <input type="checkbox"/> Yes. Please list: <input type="checkbox"/> No |
| 3. Do you have experience in using tools? | <input type="checkbox"/> Power tools <input type="checkbox"/> Hand tools <input type="checkbox"/> No |
| 4. Have you ever made a Workers Compensation claim in respect of any injury? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 employ me, or if already employed, instant dismissal.

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