

**TJM Operations Pty Ltd**  
 (ABN 36 122 164 041) (ACN 122 164 041)  
 Trading as: VIC MIX

**Head Office:** 161-171 Ordish Road, Dandenong South, VIC 3175  
**Telephone** 03 8792 3100 **Facsimile** 03 8792 3199



# EMPLOYMENT APPLICATION FORM

## PERSONAL DETAILS:

Position applied for:  Date:  /  /

Name of Applicant:  (first name)  (family name) Gender: Male  Female

Home Telephone:  Work/Mobile:

Street Address:  (unit number)  (street/road number)  (street/road name)

Suburb:  State:  Post Code:

Country of birth:  (if not Australia) Date of birth:  /  /  Age:  (years)

Are you an Australian, or New Zealand citizen, or a permanent resident? Aust.  New Zeal.  Perm. Resident

If not, do you hold a current work permit? Yes  No  Nationality:

Please specify any languages spoken other than English:

## EDUCATION & TRAINING:

Give details of educational qualifications completed: Record highest level only - (if Tertiary obtained, then omit Secondary)

| Tick highest level achieved                           | Completed:                                | Name of Certificate, Diploma, Degree | Name of school, college, univ. |
|---|---|--------------------------------------|--------------------------------|
| Secondary (High school) <input type="checkbox"/>      | <input type="text"/> (month/year)         | <input type="text"/>                 | <input type="text"/>           |
| Tertiary (TAFE Certificate) <input type="checkbox"/>  | <input type="text"/> (month/year)         | <input type="text"/>                 | <input type="text"/>           |
| Tertiary (Diploma or degree) <input type="checkbox"/> | <input type="text"/> (month/year)         | <input type="text"/>                 | <input type="text"/>           |
| Tertiary (Post graduate) <input type="checkbox"/>     | <input type="text"/> (month/year)         | <input type="text"/>                 | <input type="text"/>           |
| Any current studies <input type="checkbox"/>          | <input type="text"/> (month/year started) | <input type="text"/>                 | <input type="text"/>           |

## LICENCES & CERTIFICATES

Please tick all valid licences and certificates held. (Please be prepared to produce licences & certificates at the interview).

|                  |   |   |   |                                   |
|------------------|---|---|---|-----------------------------------|
| Driver's Licence | <input type="checkbox"/> (MC) Multi combination | <input type="checkbox"/> Red Card to OH&S Act 1985            | <input type="checkbox"/> Cranes or Hoist Certificate        | <input type="text"/> (Class/type) |
|                  | <input type="checkbox"/> (HC) Heavy combination | <input type="checkbox"/> First Aid Certificate (Level 1)      | <input type="checkbox"/> Scaffolding or Rigging Certificate | <input type="text"/> (Class/type) |
|                  | <input type="checkbox"/> (HR) Heavy rigid       | <input type="checkbox"/> First Aid Certificate (Level 2 or 3) | <input type="checkbox"/> Load Shifting Equip. Certificate   | <input type="text"/> (Class/type) |
|                  | <input type="checkbox"/> (MR) Medium rigid      | <input type="checkbox"/> Confined Space Ticket                | <input type="checkbox"/> Boiler/Pressure Equip. Certificate | <input type="text"/> (Class/type) |
|                  | <input type="checkbox"/> (LR) Light rigid       | <input type="checkbox"/> Working at Heights Training          | <input type="checkbox"/> (Other)                            | <input type="text"/>              |
|                  | <input type="checkbox"/> (C) Car                | <input type="checkbox"/> (Other OH&S)                         | <input type="checkbox"/> (Other)                            | <input type="text"/>              |

## EMPLOYMENT HISTORY

|    |   |                |                |
|----|---|----------------|----------------|
| 1. | Most recent position held: _____                | Company: _____ |                |
|    | Reason for leaving (or wanting to leave): _____ |                |                |
|    | _____   | Period: _____  | (months/years) |
| 2. | Previous position held: _____                   | Company: _____ |                |
|    | Reason for leaving: _____                       |                |                |
|    | _____   | Period: _____  | (months/years) |
| 3. | Previous position held: _____                   | Company: _____ |                |
|    | Reason for leaving: _____                       |                |                |
|    | _____   | Period: _____  | (months/years) |

Please detail any experience you have that is particularly pertinent to the position you have applied for:

\_\_\_\_\_

## REFEREES

Please supply contact details of people who can speak on your behalf and verify your previous work history.

|    |                                       |                         |                          |
|----|---------------------------------------|-------------------------|--------------------------|
| 1. | (First name and family name)<br>_____ | (Company name)<br>_____ | (Phone numbers)<br>_____ |
| 2. | (First name and family name)<br>_____ | (Company name)<br>_____ | (Phone numbers)<br>_____ |
| 3. | (First name and family name)<br>_____ | (Company name)<br>_____ | (Phone numbers)<br>_____ |

## DRIVING RECORD

This section must be completed in FULL if applying for a driving related position.

Number of years licence held: \_\_\_\_\_ Type of Licence held: \_\_\_\_\_

Have you ever been convicted of a driving offence? No  Yes  → Please state details below: \_\_\_\_\_

\_\_\_\_\_

Please state the number of demerit points currently accumulated: \_\_\_\_\_

Have you ever had your licence cancelled or suspended? No  Yes  → Please state details below: \_\_\_\_\_

\_\_\_\_\_

Please provide details of any driving accidents during the last two (2) years. No accidents over last 2 years:

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you completed any driver training safety courses? No  Yes  → Please state details below: \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with, or convicted of any criminal offence? No  Yes  → Please details below: \_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY

The position you are applying for may be physically demanding. It may involve lifting, carrying, pushing, bending, stretching, climbing ladders, steps, and using tools. It may also expose you to cold/damp conditions, working at heights, acid based cleaning detergents, solvents, oils, sealants, cement based products and wastes, dusts and other environmental elements.

We therefore request that you disclose any pre-existing injuries or diseases of which you are aware and could reasonably be expected to forsee could be affected by the nature of the position you are applying for.

In the event of any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing condition about which you have failed to make the above disclosure, or have made a false or misleading disclosure, you will not be entitled to compensation under the *Accident Compensation Act*.

Have you any injury or illness which could be aggravated by the type of work you are applying for? No  Yes

(if yes, please explain)

Have you claimed a T.A.C., Workcover or Workers' Comp. Insurance Injury in the last five years? No  Yes

(if yes, please explain)

Do you suffer from any disability or impairment that could affect your performance in the position? No  Yes

(if yes, please explain)

Have you ever suffered any muscle or ligament strains? No  Yes

(if yes, please explain)

Have you ever suffered any back strain or injury? No  Yes

(if yes, please explain)

Have you ever suffered any joint strains or damage? No  Yes

(if yes, please explain)

Have you ever suffered dizzy spells, fainting or unexplained loss of balance? No  Yes

(if yes, please explain)

Have you suffered loss of eye sight or are you colour blind? No  Yes

(if yes, please explain)

Do you take drugs or prescribed medication? No  Yes

(if yes, please explain)

Do you drink alcohol or smoke tobacco? No  Yes

(if yes, to what extent)

## WORKCOVER DECLARATION

In making this application for employment, I acknowledge that I am required to disclose any (and all) pre-existing injuries or diseases suffered by me which I reasonably believe could be affected by undertaking the duties of the position.

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 82 (8) of the Accident Compensation Act being applied, that would disentitle me (or my dependants) from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease, arising out of, or in the course of, or due to the nature of the position I am applying for.

***To the best of my knowledge, I declare the information provided is true and correct.***

DATED: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Name of witness:

Print Name:

Signature:

Signature of witness:

## GENERAL CONDITIONS OF EMPLOYMENT

An employee must, in addition to the conditions imposed by the appropriate State and/or Federal Legislation covering employment, be bound by the following conditions:

1. The first three (3) months of employment is a probationary period during which training and supervision is given.
2. The Employer reserves the right to determine dress requirements for its employees.
3. Employees will maintain personal cleanliness and grooming during the period of their employment to the standard they presented at their employment interviews.
4. Employees will undertake staff training courses as required by the employer. The cost of these courses will be met by the Employer.
5. Employees will abstain from the use of illicit drugs. Failure to comply with this requirement will result in instant dismissal.
6. Employees are to notify a Senior Manager when taking prescription drugs which may impair their judgement in carrying out their allocated duties.
7. Our work places are smoke free. Smoking is not permitted in Company buildings and motor vehicles are smoke free.
8. No alcohol shall be consumed on the premises or during normal start and finish times without specific consent of management. No alcohol shall be consumed by an employee while rostered on duty or standby.
9. An employee may be required to undertake periodic medical examinations, immunisations against specific infectious diseases, regular chest Xrays and any other specific health monitoring procedures prescribed by the Company Consultant Doctor, at the employer's expense.
10. The employer may lodge all wages and salaries directly into an employee's bank account..
11. Any employee who has driving responsibilities must hold a current Victorian Drivers Licence. If the employee has an interstate licence at the time of his employment, they must produce a Victorian Licence to the Employer within three months of commencing employment..
12. Employees are to notify the employer immediately if their driver's licence is suspended or cancelled. This may lead to termination of employment at the employer's discretion.
13. An employee whose position involves driving must agree to undertake any driving assessment as required and must perform satisfactorily to maintain their employment.
14. Each employee must be available to work reasonable overtime in accordance with the terms of their employment agreement.
15. No employee is to use their employment with this Company to make any personal gain at the expense or potential loss of the Employer and/or its clients.
16. Employees who sustain an injury or illness directly out of the course of their employment are to promptly advise their Supervisor and ensure the report is entered into the Employer's "Register of Injuries". Failure to notify your employer of a work injury or illness which might entitle you to compensation under WorkCover within 30 days of becoming aware of the injury may jeopardise you entitlement to compensation.

## APPLICANT DECLARATION

**This declaration to be completed at the time of the interview!**

*(To be read aloud and signed in the presence of the interviewer)*

I make this solemn declaration believing, by virtue of the Oaths Act, that I have truthfully answered all the preceding questions that form part of this employment application and have read the above *General Conditions of Employment*.

I consent to any reference checks being conducted which may be deemed necessary to support this application.

If my application for employment is successful, I agree to be bound by the Company's *General Conditions of Employment*.

Should it be proven that any answers given by me as part of this application are incorrect, or I have breached the *General Conditions of Employment*, I will accept the Employer's right to immediately terminate my employment.

DATED: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Print Name:

Signature:

Name of witness:

Signature of witness: