

McCorry Brown Earthmoving

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Broome WA 6725
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Position Applied for:

PERSONAL DETAILS (Please circle where applicable)



Date: /........ /.........

APPLICATION FOR EMPLOYMENT

Surname:	Given Names:			
D.O.B.: Country of	Birth:		Sex:	Male / Female
urrent Address: P/Code:			P/Code:	
Contact Number: (Home)	Mobile:			
Are you a permanent resident of Australia Are you a permanent resident of Broome?	•			
If not, what is your Visa status? (Working,	, Holiday etc.) And how long	is it valid f	or?	
Do you own/rent your own home?	Y / N			
Other Accommodation Arrangement:				
EMERGENCY CONTACT:				
Person to be notified:	(relatio	nship)		
Contact details: (work/home/mobile):				
EDUCATION / QUALIFICATIONS: (Ple	ase provide photocopies of a	all licenses	and tick	ets)
		_		
Place of Attendance	Year of Completion / Current Attendance	Degree,		Certificate etc. ined?
Place of Attendance High School		Degree,		
		Degree,		
High School TAFE / University OTHER – Education or Qualifications?		Degree,		
High School TAFE / University		Degree,		
High School TAFE / University OTHER – Education or Qualifications? (Business, Vocational, Workplace etc.)		Degree,		
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High School TAFE / University OTHER – Education or Qualifications? (Business, Vocational, Workplace etc.) OTHER INFORMATION REQUIRED			Obta	ined?
High School TAFE / University OTHER – Education or Qualifications? (Business, Vocational, Workplace etc.) OTHER INFORMATION REQUIRED	yes, please give the name	of the Union	Obta	ined?
High School TAFE / University OTHER – Education or Qualifications? (Business, Vocational, Workplace etc.) OTHER INFORMATION REQUIRED Do you belong to a Union? Y / N If	yes, please give the name	of the Union	Obta	ined?
High School TAFE / University OTHER - Education or Qualifications? (Business, Vocational, Workplace etc.) OTHER INFORMATION REQUIRED Do you belong to a Union? Y / N If Would you have a problem working away?	yes, please give the name of the ht?	of the Union	Obta	ined?
High School TAFE / University OTHER – Education or Qualifications? (Business, Vocational, Workplace etc.) OTHER INFORMATION REQUIRED Do you belong to a Union? Y / N If Would you have a problem working away? Would you have a problem working at night	yes, please give the name of the ht? weekends?	of the Union	Obta	ined?
High School TAFE / University OTHER – Education or Qualifications? (Business, Vocational, Workplace etc.) OTHER INFORMATION REQUIRED Do you belong to a Union? Y / N If Would you have a problem working away? Would you have a problem working at night Would you have problem working shifts or	yes, please give the name of the ht? weekends? al offence? (E.g. drugs, theft	of the Union	Obta // N // N // N // N	ined?

EMPLOYMENT HISTORY

Please start with your most recent employer and provide at least the last 5 years of employment history.

Employment Dates	Company Name	Position Held	Contact Name & Number	Reason for Leaving

HEALTH (Please cire	cle where applica	ble)			
How do you rate yo	ou health?	Excellent /	/ Fair / Go	ood	
Do you wear glasses/contact lenses?			Y / N		
Do you wear a hearing aid / have trouble hearing?			Y / N		
Do you drink alcoh	ol? Y/N	If yes, how m	nany drink	s per week?	
Do you smoke?	Y / N	If yes, how m	nany cigar	ettes per day?	
Are you currently t	aking any pres	cribed or un-pr	escribed r	medication?	Y / N
Would you be prep	ared to underg	o a Medical and	d Drug and	d Alcohol test?	Y/N
DRIVING AND OT	THER RECORD	S (Please circle)	where annl	icable)	
		_ (V / N
Do you hold a curre	-	ıse?			Y / N Y / N
•				Expiry Date	State
Have you ever had				. ,	Y / N
If yes give details:					
				our license history?	
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WORKERS COMP	ENSATION (Ple	ase circle where	applicable)	
Have you ever clair	med workers co	mpensation pa	ayments fi	rom a previous / curr	rent employer? Y / N
If yes, please give	details:				
<u>DECLARATION</u>					
	nderstand that	any false infori	mation on	this application ma	nplete, to the best of my y be grounds for not hiring

DATE:/	/	SIGNATURE:
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