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## APPLICATION FOR EMPLOYMENT

<b>Position applied for:</b>			
<b>Surname:</b>		<b>First name:</b>	
<b>Address:</b>			<b>Postcode:</b>
<b>Phone:</b>	<b>Home:</b>	<b>Mobile:</b>	
<b>Date of birth:</b>			

<b>In case of an emergency notify:</b>			
<b>Name &amp; Address:</b>		<b>Phone</b>	<b>Home:</b>
			<b>Mob:</b>

### Physical/Health History

**Important** – Section 79 of the Workers' Compensation and Rehabilitation Act 1981 "Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable".

<b>Worker to complete: (please circle your answer, these may be discussed further)</b>			<b>If Yes, please explain</b>
Are you required to take medication which may affect your work performance?	Yes	No	
Are you required to take medication which may affect your attendance at work?	Yes	No	
Are you willing to take a medical examination?	Yes	No	
Are you willing to take random alcohol and other drugs test?	Yes	No	
Have you had time off work in the last year for illness or injury?	Yes	No	
Are you currently being treated by a doctor for any illness or injury?	Yes	No	
Have you had any injury or illness which may impact on your ability to work?	Yes	No	
Have you a current Workers Compensation claim?	Yes	No	
Do you or have you ever had back, neck, shoulder, knee or joint problems?	Yes	No	
Is there any reason why you cannot wear safety or protective equipment?	Yes	No	
Have you had a Tetanus injection in the last ten years?	Yes	No	
Have you ever been refused Life Insurance, Disability Insurance, or Military Service?	Yes	No	
Are you affected by heights or confined spaces?	Yes	No	
Known allergies:	Medications	Yes	No
	Foods		
	Other (specify)		

Place an X in the box beside each activity with which you have difficulty		
<input type="checkbox"/> Running 100 metres <input type="checkbox"/> Crouching <input type="checkbox"/> Standing for two hours <input type="checkbox"/> Gripping firmly with both hands <input type="checkbox"/> Hearing a normal conversation <input type="checkbox"/> Understanding English	<input type="checkbox"/> Climbing a ladder <input type="checkbox"/> Kneeling <input type="checkbox"/> Lifting or bending <input type="checkbox"/> Using hand tools <input type="checkbox"/> Reading ordinary print	<input type="checkbox"/> Walking on rough ground <input type="checkbox"/> Sitting for two hours <input type="checkbox"/> Turning your head rapidly <input type="checkbox"/> Repetitive movements of the hands or arms <input type="checkbox"/> Concentrating on what you are doing
Please comment on those marked with an X		

Have you had any exposure to the following in your past jobs?			
If Yes please give details			
Loud noise/explosives/gunfire	Yes	No	
Asbestos	Yes	No	
Chemicals	Yes	No	
Radiation	Yes	No	
Dust	Yes	No	

Details of any Qualifications, Certificates or Training		
Dates	Training/Certificate	Training Agency

Details of previous employers				
Dates	Company	Position	Duties	Reason for leaving
Have you been previously employed by this company?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Drivers License No	State	Class	Expiry date
List three professional referees:			
Name	Company	Address	Phone

**Declaration**

I solemnly declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment. I understand that I will also be required to undergo baseline health tests on employment and on termination. A 'Fit for Work' medical and drug and alcohol screening will be scheduled for you prior to you being employed.

**Statement Authorisation**

I hereby authorise the examining doctor to submit a medical report regarding the above statements, physical findings, audiogram and other appropriate investigations to my employer.

<b>Applicant's signature:</b>		<b>Date:</b>	
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