**event services international Pty Ltd**

**Application Form**

**Section 1: Personal Details**

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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.

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