

Burder Group Employment Application

Date:

Name: **DOB:**

Residential Address: City:	Postal Address:
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Contact Details:

Phone: **Mobile:**

Fax: **Email:**

Next of Kin/Emergency Contact:

Name: **Ph:**

Relationship:

Relevant Experience:

- 1.
- 2.
- 3.
- 4.

- 1. **Referee (Name/Ph. No)**
- 2. **Referee (Name/Ph. No)**
- 3. **Referee (Name/Ph. No)**

Qualification/Training/Licences (drivers/fork etc)

- 1.
- 2.
- 3.

Other

Last completed school year and level:

Why would you like to work for Burder Group?

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What department(s) of Burder Group would suit your skills and experience?

.....

What is your workplace goal?

.....

Are you seeking: Full Time / Part Time / Casual Employment

What are your preferred work days and times?

.....

Are you available for Weekend work on a roster basis or Shift work if required?

YES / NO

How Often Weekdays:

- 3 nights per week
- 5 nights per week
- Other

How Often Weekends

- 2 weekends per month
- Other

WorkSafe Victoria allows employers to ask you, in writing, to disclose any pre-existing injury or disease that you are aware of that you believe may affect the work that you do.

Section 82(8) of the Act provides that where a recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arises out of or in the course or due to the nature of employment with our company, it will not entitle a worker to compensation.

Question:

- **Have you had a Work Place injury or injury caused in private activities in the past that may be effected by the nature of this work place?**
- **Do you have any physical and/or medical limitation regarding a heavy lifting environment?**

YES / NO. If YES,

Date of Injury:

Nature of Injury:

.....

To the best of my knowledge I declare the above information true and correct.

Signed: **Date:**

Resume/CV attached YES / NO

Signed: