



APPLICATION FOR EMPLOYMENT

1. POSITION:							
Which position are you							
applying for?							
2. PERSONAL DETAILS:							
NAME:							
ADDRESS:							
CONTACT / PHONE:							
EMAIL ADDRESS:							
DRIVERS LICENCE (DL):	DL State of Issue:		DL Class Type:	Expiry Date:		2:	
3. EMPLOYMENT DETAILS							
Has Resume / CV been	YES NO						
provided?	If not, please complete the below table.						
Previous Employment	Employer 1			Employer 2			
Name of Employer:							
Position Held:							
Reason for Leaving:							
Referees & Mobile # (Direct Managers)	Name: Mobile:			Name: Mobile:			
4. EDUCATION / TRAINING	6 / CERTIFICAT	ION					
Please indicate all relevant qualifications & certificates	Name of Qualification / Certification			Date Certific Issued	ation	Expiry Date of Certification	
5. WORKING RIGHTS							
Are you an Australian Citiz Permanent Resident?	en /	YES NO					
If no, do you have a working visa?		YES NO					
Issued Date:					(dd/m	nm/yyyy)	
Expiry Date:	2:		(dd/mm/yyyy)				
(Note: to be eligible for el	mployment, a		ave the appropria rent work visa is r				





6. HEALTH DECLARATION					
Do you have any, or have had any injuries, either physical, a medical condition, or otherwise, that would prevent you from performing the inherent parts of the role?					
YES NO					
Please note that disclosure of a medical condition or restriction does not exclude an applicant from employment					
If yes, please advise on the details below that the Company may need to be aware of:					
7. DECLARATION TO ABIDE BY ALL SITE SAFETY RULES					
1. I understand that I must abide by all site safety rules at all times, and if hired, I will ensure I also report as soon as practicable any hazards, risks or incidents to ensure that PMGL is made aware of any potential situations that may expose or cause harm/injury to other site users.					
I, (name) hereby declare my acknowledgement and understanding of my responsibilities in relation to abiding by PMGL's site safety rules at all times.					
Signature of Applicant: Date:					
8. DECLARATION BY THE APPLICANT					
1. I understand that any misrepresentation of facts in this application could be cause for disciplinary action up to and including termination of employment, if employed. This includes but not limited to, misrepresentation of your skills, experience on your CV, and or qualifications.					
2. I understand that part of the application procedure involves a medical examination by a medical officer nominated by PMGL, Drug & Alcohol Screen, and other necessary checks (dependent upon role), and I authorise disclosure of the results of these tests & examinations to PMGL.					
3. I consent to any reference checks which may be necessary to support this application.					
4. I understand PMGL reserves the right to verify my passport, visa, driver's licence, demerit points, and National Police Clearance details (this includes access to details of any spent convictions) and I consent to PMGL conducting independent verifications, if and where required to do so.					
Signature of Applicant					
I, (name) hereby declare that the information contained in this application is to the best of my knowledge true and correct.					
Signature of Applicant: Date:					
Privacy					
Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record. If you are unsuccessful your application form will					

We thank you for your application and appreciate your interest in PMGL

be destroyed.