

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL



www.wellman.com.au

A Quality Endorsed Company

ISO9001-2000 Standards Australia Lic QEC2849

Wellman Packaging Pty Ltd (ABN77002511499)
62 Lancaster Street (PO Box 449), Ingleburn NSW 1890 Australia
Phone: +61 2 9618 1211 Fax: +61 2 9618 2911 Email: info@wellman.com.au

**Wellman Packaging is an Equal Opportunity Employer
& Provides a Smoke Free Environment**

Application For Employment



Position

Position Applied For:	Position No:
As Advertised In:	Today's Date:

About You

Last Name:	First Name:	Initial:	
Street Address:	Suburb:	State:	Postcode:
Phone No:	Fax No:	Mobile No:	
Email Address:	Marital Status:		
Place of Birth:	Date of Birth:		

Are you an Australian Citizen?	YES / NO	Passport No:	Expiry Date:
If not, do you have permanent resident status?	YES / NO	Visa No:	Expiry Date:
If not permanent resident, do you have another work visa?	YES / NO	Visa No:	Expiry Date:
		Visa Type & Class:	

Please note: You should be prepared to provide a copy of your passport, driver's licence and other identification as required on request.

Have you ever been charged with a criminal offence or offences?	YES / NO	If yes, please give details:
Did these charges give rise to a conviction?	YES / NO	
Do you have any existing friends or family members currently working at Wellman Packaging?		YES / NO
Would you be prepared to undertake any further training required by Wellman Packaging?		YES / NO

Education & Training

School

Last School Attended:	Location:
Highest Level Reached:	Year Left School:

Technical & Trade Qualifications (Including Apprenticeships)

Course Name:	Qualification:	
Training Body:	Year Started:	Year Finished:
Course Name:	Qualification:	
Training Body:	Year Started:	Year Finished:
Trade Certificates Held:		

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Academic Studies (Tertiary & Post Graduate)

Course Name + Majors:		Qualification:
Institution Name:	Year Started:	Year Finished:
Course Name + Majors:		Qualification:
Institution Name:	Year Started:	Year Finished:

Other Training Courses (Previous Employers + Others)

Course Name/Title	Training Body/Company	Duration	Year Completed

Academic or Professional Activities + Achievements

Including academic honours, scholarships, industry associations, extra-curricular professional activities

Additional Business or Trade Skills

Including any additional skill that can be used at work.

Other Skills

General

Do you have a motor vehicle licence?	YES / NO	Licence No:	Expiry Date:
Do you have a forklift licence?	YES / NO	Licence No:	Expiry Date:
Do you have a truck licence?	YES / NO	Licence No:	Class:
Do you own a motor vehicle?	YES / NO	Registration No:	Vehicle Type:
Do you have any first aid training?	YES / NO	Proficiency Level:	Training Body:
Do you have prior experience working with HACCP and/or GMP?		YES / NO	

Languages Skills (Proficiency Level: 1=fluent to 5=limited skills)

Language 1	Level	Language 2	Level	Language 3	Level
English (compulsory to complete)					

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Employment History

Please list your previous 4 employers starting with your present or most recent position.

Company Name:		Position & Duties:
City / Country:		
Date From:	Date To:	Type of Work:
Rate of Pay + Benefits:		Reason for Leaving:

Company Name:		Position & Duties:
City / Country:		
Date From:	Date To:	Type of Work:
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City / Country:		
Date From:	Date To:	Type of Work:
Rate of Pay + Benefits:		Reason for Leaving:

References

Name	Referee Job Title/Position	Company	Relationship to Referee	Phone No

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Medical History

Questionnaire	Details
Have you ever suffered a serious injury? YES / NO	
Have you ever suffered a serious illness? YES / NO	
Have you ever been hospitalised? YES / NO	
Do you have any deformity or physical impairment? YES / NO	
Is your eyesight or hearing impaired or deficient in any way? YES / NO	
Do you have any skin ailments such as dermatitis? YES / NO	
Do you smoke? YES / NO	
Do you drink alcohol? YES / NO	
Do you have any pre-existing injuries or illnesses? YES / NO	
Have you ever applied to for worker's compensation? YES / NO	
With your understanding of the job description & the physical requirements of the role for which you are applying, does your health in any way limit you in performing any of the duties described?	YES / NO
If yes, please provide details:	

Please note: If you fail to disclose any relevant pre-existing injuries or diseases that could reasonably be foreseen to be influenced by the nature of the proposed employment, your entitlement to WorkCover benefits & protection may be affected.

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Statements & Conditions

1. I certify to the best of my knowledge that the above information is true & correct and understand that any misrepresentation or omission of material facts is cause for dismissal.
2. I have been provided with a Position Description (either verbally or in writing) and understand the requirements of the position. I understand that a formal Position Description if not already provided will be issued on employment.
3. I understand that the following conditions may be required at some point during my employment: overtime, shiftwork, rotating work schedules. I understand and accept these as conditions of my continuing employment.
4. I agree to undergo a medical examination prior to employment and authorise the release of any relevant medical information associated with any pre-existing condition or ailment on the basis that the information is kept confidential and treated with sensitivity.
5. I authorise Wellman Packaging to contact previous employers and referees in support of this application.
6. I authorise Wellman Packaging to conduct checks of my police record and/or credit references within the framework of this application should it be considered necessary by Wellman Packaging.
7. If offered employment with Wellman Packaging, I understand that the conditions of employment are as set out in the "Information for Employees" booklet that will be issued upon commencement.
8. I understand that all information & knowledge obtained about Wellman Packaging is strictly confidential and agree not to disclose this information with another party without prior written consent from Wellman Packaging.

Applicant Signature:	Date:
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