

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:		DATE:	
SURNAME		GIVEN NAME(S)	
RESIDENTIAL ADDRESS		POSTAL ADDRESS if same as residential put 'same'	
STATE	POSTCODE	HOME PHONE NO. MOBILE NO.	
EMAIL ADDRESS:		NATIONALITY	HEIGHT cms WEIGHT kgs
DATE OF BIRTH / /19		DRIVERS LICENCE No: EXPIRY DATE: STATE:	
PASSPORT YES/NO COUNTRY ISSUED		PASSPORT NO. EXPIRY DATE	
IF NOT AN AUST. CITIZEN, DO YOU HAVE PERMANENT RESIDENT STATUS? YES/NO		HAVE YOU EVER WORKED FOR O.D.E. BEFORE? YES/NO If Yes when? 19	

EDUCATION

NAME OF SCHOOL	HIGHEST LEVEL ACHIEVED	YEAR

OTHER QUALIFICATIONS

QUALIFICATION	ISSUED BY	DATE OF EXPIRY
Well Control Certificate		
Senior First Aid Certificate		
Forklift Licence		
Other (list)		

EMPLOYMENT HISTORY

Provide details of current and previous employment for last 3 years.

Name and Address of Employer	Contact Name & Phone No.	Position held	From	To	Reason for leaving
Current					
Previous					

MEDICAL REQUIREMENTS

A high degree of physical and mental fitness is required for employment with ENSIGN AUSTRALIA.
Your medical fitness will be assessed before an offer of employment will be made.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you any physical disability that may affect your performance in carrying out the duties of the position for which you are applying?
YES/NO If Yes, give details.....
2. Have you any illnesses that may affect your performance in carrying out the duties of the position for which you are applying?
YES/NO If Yes, give details.....
3. Are you prepared to undergo a pre-employment medical examination (including drug screening)?
YES/NO
4. Have you, or are you, presently taking any drugs or medication that may hinder you in carrying out the duties of the position for which you are applying?
YES/NO If Yes, give details.....

EMERGENCY CONTACT (Person to contact in case of accident or illness)

Surname	Given Name	Relationship	Home Phone
Address		State Postcode	Work Phone

DECLARATION BY APPLICANT

1. I certify that to the best of my knowledge the above information is true and correct and I further understand that any falsification or wilful misrepresentation on my part in this application is in itself sufficient grounds for immediate dismissal from the Company. Once completed, this application becomes the sole property of ENSIGN AUSTRALIA.
2. The following conditions may apply during my employment: overtime, shift work, rotational work schedule or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

Signature of Applicant **Date**

Note: Attach a copy of your current C.V. with this application form.

FOR OFFICE USE ONLY

Interviewed by.....	Date:.....
Induction Date:.....	Medical Date:..... Result.....
Comments:	
Started:.....	Rig No. Position.....