



axis  
packaging

**Strength in Protection**  
ISPM15 & H4-AS1604 Certified

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## Application for Employment

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### AXIS PACKAGING IS AN EQUAL OPPORTUNITY EMPLOYER.

- Please complete this application for employment as thoroughly as possible by answering all questions.
- It is the aim of Axis Packaging to base employment on individual merit. By completing this application for employment you will ensure that Axis Packaging has enough information to effectively assess your application.
- Please print clearly.

Position Applied For.....

### Personal Data

Family Name ..... Title (eg Mr, Ms) .....

Given Names ..... Preferred Given Name .....

Postal Address .....

Suburb ..... Post Code .....

Telephone (AH) ..... Mobile .....

Email Address .....

Emergency Contact ..... Relationship .....

Mobile ..... Telephone (BH) .....

### Financial Data

Superannuation Fund ..... Account Number .....

Tax File Number .....

Name of Bank .....

Bank Account – BSB ..... Account Number .....

Account Name .....

### Minimum Criteria Checklist

Are you an Australian Citizen?  Yes  No

If No, do you have a Work Visa?  Yes  No if yes, then please attach a copy.

Type ..... Expiry Date .....

**Employment History** - Provide details of previous employers that we may contact for a reference.

1. Company Name .....

Location .....

Telephone ..... Contact .....

Your Position .....

Employed From ...../...../..... To ...../...../.....

Reason For Leaving .....

2. Company Name .....

Location .....

Telephone ..... Contact .....

Your Position .....

Employed From ...../...../..... To ...../...../.....

Reason For Leaving .....

3. Company Name .....

Location .....

Telephone ..... Contact .....

Your Position .....

Employed From ...../...../..... To ...../...../.....

Reason For Leaving .....

**License's and Certificates** - Please detail all vehicle licenses and certifications that you may have and attach copies.

Driver: State ..... Class  C  LR  MR  HR

Other .....

Forklift  Yes  No

Other Licenses and Certifications: .....

**Medical History**

Blood Type  O+  O-  A+  A-  B+  B-  AB+  AB-

Do you have any known allergies?  Yes  No

If Yes, please give detail .....

**Have you ever been fined by Worksafe?**

Yes       No

If yes, please detail .....

Have you ever been removed from a workplace for a safety breach?       Yes       No

Do you have any pre-existing medical conditions?       Yes       No

If yes, please detail .....

**Have you ever lodged a workers compensation claim?**

Yes       No

If yes, please provide details .....

Date of Injury ...../...../.....

Nature of Injury.....

Time off .....(Days)      Recovery .....(Partial or Full)

Date of Injury ...../...../.....

Nature of Injury.....

Time off .....(Days)      Recovery .....(Partial or Full)

Date of Injury ...../...../.....

Nature of Injury.....

Time off .....(Days)      Recovery .....(Partial or Full)

Date of Injury ...../...../.....

Nature of Injury.....

Time off .....(Days) Recovery .....(Partial or Full)

**Declaration**

I hereby declare that the information given above is true and correct to the best of my knowledge and I accept that any false statements or declarations could result in summary dismissal. I consent to the results of any work related medical examinations being made available to Axis Packaging. I understand that Axis Packaging may be making relevant enquires from my previous employers. I acknowledge that I may be required to undergo a company medical examination and a trade test and that it is the policy of Axis Packaging to work on a probationary period of three (3) months during which an assessment of my work performance will be made and ongoing employment will be determined by this assessment.

I am aware that false or misleading information may result in me being asked to perform duties that place my health and safety at risk which may constitute a breach of my obligations under the Workers Compensation Act.

I consent to the information supplied by me on this application form being disclosed to persons within and outside Axis Packaging for the purpose of processing the application and for all matters reasonably related to any subsequent contract of employment.

Signed by Applicant: ..... Date ...../...../.....

Please note: This application for employment is accepted without prejudice and should not be construed as an offer or contract of employment.

**End of Application for Employment**