



JOB APPLICATION FORM

Please fill out all sections

Applicant Information

Full Name _____

Preferred first name _____

Current Address:

Number and street _____ Home Phone: _____

City _____ Cell phone: _____

Post Code _____ Email address: _____

Age: _____ Date of birth: _____

Employment Positions

Position(s) applying for: _____

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? Y or N Are you available to work overtime? Y or N

Personal Information:

Have you ever applied to / worked for Adhesion Sealing before? Y or N

If yes, please explain (include date): _____

Have you ever been convicted of a criminal offense (felony or misdemeanor) or have a case pending?

Y or N

If yes, please give details

Employment History

EDUCATION:

Name of School – highest award from secondary school - Degree/Diploma

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References:

Name/Title Address Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____

Please complete the Pre-Employment Assessment as part of your job application

PRE-EMPLOYMENT QUESTIONNAIRE

I agree to complete this health questionnaire and if requested, I will also be available for a health assessment by an Occupational Health Nurse or Physician appointed by Adhesion Sealing. I undertake to give true and complete answers in regard to my past and present health. I will not withhold any relevant information concerning this matter.

Any information given, known to be untrue may exclude me from employment or may be grounds for dismissal following appointment. I understand that any workers compensation claim arising from such information will be disputed. I understand that this record will remain confidential to Adhesion Sealing.

DRUG TESTING CONSENT

I consent to provide a urine, saliva or blood sample if required, for the purpose of testing for unauthorized drugs or alcohol. I further consent to the release to Adhesion Sealing of the results of any such tests for the purpose of determining my suitability for employment. I acknowledge that I understand that using, or being in the possession of, or under the influence of, unauthorized drugs or alcohol whilst working for Adhesion Sealing may render me unsuitable for employment. I also understand that if employed I will be subject to the condition of any further company drug policy.

Signed _____ Date _____

The intention of this questionnaire is to assess your ability to sustain the physical activity of this position.

I understand that this position will require: (circle those which apply)

1. Working with machinery.

You will be required to use power tools and machinery therefore are you on any current medications? If so please list _____

Have you any Health Problems that would restrict your ability to undertake this work?

Have you ever had a work related injury that could affect your ability to undertake this work? _____

2. Working in noisy areas.

Have you worked in noisy environments previously? If so, state where and for how long.

Do you have Noise Induced Hearing Loss? If so, please give details.

3. Computer use and in particular:

- a) Word Processing b) Data Entry (c)General Computer Use

Is your vision impaired? If "yes", please detail: _____

Do you wear prescription lenses? Yes/No

Have you suffered any injury to your neck and/or shoulders? Please detail

What elements of your working environment may aggravate your condition?

4. Repetitive Movements

Have you suffered any injury to any part of your body but more particularly your arm, wrist and hand that may be aggravated by repetitive activity? Please detail

Do you understand what Occupational Overuse Syndrome/Repetitive Strain Injury is? Yes/No

Have you incurred any OOS/RSI injury? Please detail

5. Lifting/Carrying

Have you suffered any injury that prevents you from lifting or carrying? Please detail

Have you sought treatment from a doctor for any back/neck/shoulder or OOS/RSI injury? Please detail

Have you ever required time off work for this injury? Please detail

6. Working at Height

Have you any medical condition or phobias, which may put you at risk undertaking, work at height?

Have you ever had any blackouts or seizures? Yes / No If yes please give details:

7. Working with chemicals

Do you have any problems dealing with chemicals? Yes / No If yes please give details:

Thank you for completing this form. We look forward to a healthy and safe working relationship