



Pre-Employment Application

Please complete all fields as truthfully and to the best of your knowledge, with as much detail as possible.

Please be aware that any falsification of the below information supplied will see the Pre-Employment Application become null and void.

Should you have any questions regarding this document please contact the MADD Industries team on the contact details at the top of the page.

First Name: _____ Last Name: _____

Drivers Licence Number: _____ Tax File Number: _____

Date of Birth: ____/____/____ SC No: _____ USI Number: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email address: _____

Emergency Contact Details

Next of Kin: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Date available to commence work: _____

Have you previously been convicted of a criminal offence? YES NO

If YES - Details: _____

Are you currently receiving Workers Compensation benefits? YES NO

If YES - Details: _____

Have you lodged any WorkCover claims in the past? YES NO

If YES - Details: _____



Since completing your Coal Board Medical, have you suffered any nonwork related injury, that may affect/restrict your normal work duties? YES NO

If YES - Details: _____

Are you or have you previously been a smoker? YES NO PREVIOUSLY

Do you have any annual leave booked in the next 12 months? YES NO

If YES - Details: _____

How did you hear about our company? _____

Were you referred? YES NO

If YES - Referred By: _____

Please supply the following when returning this form

Mandatory Required

- Coal Board Medical
- Standard 11
- Drivers Licence – Front and Back
- Trade Certificate
- Resume

If current or Relevant

- Working at Heights
- Confined Space
- EWP
- Forklift
- First Aid

- S1, S2, S3
- Manitou
- Crane

Please list Current Site Inductions

| Site Location | Date Completed |
|---------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

By signing below, you declare that the information you have provided in this document is truthful to the best of your knowledge.

Signature: _____

Date: ____ / ____ / ____