

POSITION APPLIED FOR **DATE OF APPLICATION** / /

Current vacancies are outlined on www.arjobs.com.au

HOW DID YOU HEAR ABOUT AIR RADIATORS? (Seek, Paper, Friend, Resume drop, etc)

NAME DATE OF BIRTH / /

ADDRESS POSTCODE

HOME TELEPHONE NO. (.....) MOBILE NO

EMAIL

DO YOU HOLD AN AUSTRALIAN CITIZENSHIP OR CURRENT WORK PERMIT?

ARE THERE ANY LANGUAGES YOU SPEAK OR WRITE FLUENTLY?

HAVE YOU, OR ANY OF YOUR RELATIVES, BEEN EMPLOYED BY AIR RADIATORS? (If yes, give details)

EDUCATION AND TRADE SKILLS

	School/College & Location	Duration of Studies	Degree/Certificate Obtained
Secondary			
Tertiary			
Professional			
Training Courses			
Other Trade Skills			

SKILLS / QUALIFICATIONS (Please tick as appropriate)

- | | | |
|--------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> WELDER (ARC/MIG/TIG) | <input type="checkbox"/> SHEETMETAL WORK | <input type="checkbox"/> SPRAY PAINTER |
| <input type="checkbox"/> ASSEMBLER | <input type="checkbox"/> MACHINE OPERATOR | <input type="checkbox"/> MANAGEMENT |
| <input type="checkbox"/> MAINTENANCE FITTER | <input type="checkbox"/> CASE MAKING / WOOD WORK | <input type="checkbox"/> PROCESS WORKER |
| <input type="checkbox"/> SALES/MARKETING/COUNTER SALES | <input type="checkbox"/> ENGINEERING / DRAFTSPERSON | <input type="checkbox"/> CLERICAL / ADMINISTRATION |
| <input type="checkbox"/> FIRST AID CERTIFICATE | <input type="checkbox"/> OTHER | |

MEMBERSHIPS

ASSOCIATIONS, CLUBS, ETC

REFERENCES AND REFEREES

Please provide details of employers who may be contacted in regard to your employment history

Contact Name	Company Name & Address	Employment Relationship	Telephone Number

Continued on page 2

EMPLOYMENT HISTORY

If you have a current, up-to-date resume, please attach and ignore the following employment history.

CURRENT/PREVIOUS POSITION

FROM (Month & Year) TO (Month & Year)

COMPANY NAME

ADDRESS POSTCODE

TELEPHONE (.....)

NAME & POSITION OF SUPERVISOR

DUTIES & RESPONSIBILITIES

.....

MAY WE CONTACT? Yes No

REASON FOR LEAVING

PREVIOUS POSITION

FROM (Month & Year) TO (Month & Year)

COMPANY NAME

ADDRESS POSTCODE

TELEPHONE (.....)

NAME & POSITION OF SUPERVISOR

DUTIES & RESPONSIBILITIES

.....

MAY WE CONTACT? Yes No

REASON FOR LEAVING

APPLICANT'S AUTHORITY

I certify that the information I have submitted is both true and correct.

Signature of Applicant DATE / /

PRIVACY
 The information requested on this application for employment is necessary to ensure a fair and thorough evaluation of all applicants with Air Radiators. Personal information contained within this form shall be available only to employees and managers of the company with direct involvement in the recruitment process. You may update or access your application information at any time by contacting the Accounts/Payroll department. Your application form will be kept in a secure place and after three months will be destroyed.

PERSONNEL DEPARTMENT

MARITAL STATUS NO. OF DEPENDANT CHILDREN

NEXT OF KIN / EMERGENCY CONTACT NAME

RELATIONSHIP PHONE NO ALTERNATIVE PHONE