TALENT FOCUS
Supply Chain Recruitment

Candidate Application Form

Name:		**Home Phone:**		**Previous Permanent Salary:**	
Address:		**Mobile Phone:**		**Preferred Hourly Rate:**	
Suburb:		**Post Code:**		**Email:**	

Preferred Work	**Preferred Location**	**Residency Status**
Perm ☐ Temp / Casual ☐ Both ☐	CBD ☐ North ☐ West ☐	
Full time ☐ Part time ☐ Both ☐	South ☐ South West ☐ Other ☐	

Work Transport	☐ Car ☐ Public Transport	**Who is your Job Services Provider**		**Provider Name:**	
				JSID / CRN No:	
Are you an Aboriginal or Torres Strait Island origin?	☐ YES ☐ NO				

Availability (shifts) **All** ☐	☐ Morning	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri	☐ Sat	☐ Sun
	☐ Afternoon	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri	☐ Sat	☐ Sun
	☐ Evening	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri	☐ Sat	☐ Sun

Experience

Process Work – Food / Meat	☐ YES ☐ NO	ISO 9001 – Certified Environment	☐ YES ☐ NO
Process Work – Pharmaceutical	☐ YES ☐ NO	Driver Licence _____	☐ YES ☐ NO
Process Work – Packaging / General	☐ YES ☐ NO	Stores	☐ YES ☐ NO
GMP – Certified Environment	☐ YES ☐ NO	Forklift Driver	☐ YES ☐ NO
HACCP – Certified Environments	☐ YES ☐ NO	Labourer	☐ YES ☐ NO
Assembly – Electronics	☐ YES ☐ NO	Team Leader / Supervisor	☐ YES ☐ NO
Machine Operator (Type)	☐ YES ☐ NO		

Do you have any of the following Licences or Tickets (Circle):	Driver's Licence	Forklift Licence	White Card

EWP	Excavator	Dangerous Goods	Frontend Loader	Riggers / Dogman	Overhead Crane	Bobcat	Scaffolding Ticket	Confined Space
Traffic Controllers	Asbestos	RISI	First Aid	LR Licence	MR Licence	HR Licence	HC Licence	MC Licence
Welding Tickets		Electrical Licence		Other (please state:_____				

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Do you have the following Personal Protective Equipment:							
Hard Hat	☐ YES ☐ NO	Long Sleeve Cotton Shirt	☐ YES ☐ NO	Long Cotton Pants	☐ YES ☐ NO	Hi Vis Vest	☐ YES ☐ NO
Steel Capped Boots	☐ YES ☐ NO	Gloves	☐ YES ☐ NO	Safety Glasses	☐ YES ☐ NO	Scaffold Belt	☐ YES ☐ NO

Trade Qualifications	Year Completed	Qualification Sighted

Declaration & Authority – Please Read and Sign:

I hereby certify that all information submitted by myself in this application form or additional documentation such as a resume is true and correct as at this date.

I have read and understood the Privacy and Collection Statement provided to me by Technical Focus Pty Ltd T/as Talent Focus.

I hereby certify that Talent Focus can collect, disclose and store my information in-line with their Privacy and Collection Statement.

I authorise where necessary for Talent Focus to conduct a security clearance or probity check as required by their Clients.

I authorise for Talent Focus to approach my given verbal referees to obtain relevant information in regards to my previous work history.

I authorise for Talent Focus to reformat (where necessary), copy, print, email my resume for their records for the purposes of forwarding onto Clients of Talent Focus.

Employee Name: _____ Employee Signature: _____

Date: _____

Witness: _____ Witness Signature: _____

Date: _____

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PRE PLACEMENT MEDICAL QUESTIONNAIRE:			
PERSON TO BE CONTACTED IN CASE OF EMERGENCY:		**CONTACT TELEPHONE NUMBER:**	

To ensure our daily duty of care as your employer, Talent Focus require prior to placement of any candidate, the completion of the below Pre-employment medical questionnaire.

Do you suffer from any illness or injury that could prevent you from undertaking any task within the workplace?	☐ YES	☐ NO	**If 'Yes', please provide the dates and details below:**
Do you suffer from, have you have had or have you been treated for any of the following:	**YES**	**NO**	
Heart Condition	☐	☐	
High Blood Pressure	☐	☐	
Breathing or Lung condition	☐	☐	
Chest Pains	☐	☐	
Asthma, Bronchitis	☐	☐	
Dizzy Spells / Fits / Faints / Blackouts	☐	☐	
Head injury, or loss of consciousness	☐	☐	
Hernia or Rupture	☐	☐	
Anxiety or Depression	☐	☐	
Back or neck conditions, problems	☐	☐	
Knee condition	☐	☐	
Foot or Ankle condition	☐	☐	
Shoulder condition	☐	☐	
Wrist or elbow condition	☐	☐	
Broken bones or dislocations	☐	☐	
Diabetes	☐	☐	
Eye condition / Do you wear prescription glasses?	☐	☐	
Ear condition	☐	☐	
Tinnitus or ringing in the ears	☐	☐	
Allergies	☐	☐	
Do you have any current health problems NOT mentioned above?	☐	☐	
Do you take any medications? (eg. tablets, vitamins, herbs, creams, injections?	☐	☐	
Do you take any drugs for recreation?	☐	☐	
Will you pass a drug and alcohol test?	☐	☐	
Have you haven in a social situation in the past 14 days where you have been exposed to illegal substances?	☐	☐	
Do you play sport or exercise regularly?	☐	☐	
Do you smoke? If so, how much tobacco a day?	☐	☐	
Have you ever smoked? When did you stop?	☐	☐	
Do you drink alcohol? If so how much a week on average?	☐	☐	
Have you had a surgical operation within the past 5 years or been admitted to hospital?	☐	☐	
Have you ever had an x-ray, scan, radiotherapy or other special x-ray procedures?	☐	☐	
Has a physiotherapist or chiropractor ever treated you?	☐	☐	
Are you currently taking medication that could affect your work performance or ability to drive / use machinery and / or equipment?	☐	☐	
Are you able to safety lift 15 kilos?	☐	☐	

Is there any reason why you are unable to work in?	**YES**	**NO**		**YES**	**NO**
Confined spaces	☐	☐	Hot Environments	☐	☐
Noisy environments	☐	☐	Cold Environments	☐	☐
At heights or on ladders?	☐	☐	Dusty Environments	☐	☐

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Declaration & Authority – Please Read and Sign

I hereby declare that the information provided in this medical questionnaire is to the best of my knowledge and belief is correct and that I have not withheld any information regarding my past or present health.

Misrepresentation an omission of any medical information or condition could lead to immediate termination and where fraudulent, charges being made.

I understand that the information provided on this assessment remains confidential, only those aspects relevant to my work practices may be discussed with a Host Employer.

If I am required to partake a drug and alcohol test and fail this test due to false or misleading information I provide, I understand I will be liable for the costs associated with the tests

I hereby declare that I have read an understood the above declaration.

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WORKPLACE INJURIES	Y	N	COMMENTS
Have you ever previously had a workplace injury? **If yes, what was the injury?**	☐	☐	
How did the injury occur?			
What restrictions if any, do these injuries have on work related tasks?			

VERBAL REFERENCES	
Company:	Company:
Direct Supervisor:	Direct Supervisor
Phone Number:	Phone Number:
Email:	Email:
Company:	Company:
Direct Supervisor:	Direct Supervisor
Phone Number:	Phone Number:
Email:	Email:

CONSULTANT OBSERVATIONS

INTERVIEW (OFFICE ONLY)	
Why are you looking?	**What is your ideal role (duties) and why?**
Is there anything you won't do in a position?	**Is there an industry you won't work in or product you won't work with? i.e. alcohol, meat etc**
How much notice do you require to go to work?	**What safety training have you had in the last 6 months?**
How far will you travel for work?	**If you could improve something about yourself, what would it be and why?**
How long was your longest role?	**What did you like / dislike about the role?**

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Why did you leave your last role?	Have you ever been terminated / not made probation from a position? What was the situation?
What would your previous Manager say were your two main strengths and why?	
What motivates you in a role?	**What demotivates you in a role?**
What processes do you normally undertake when you have not been able to attend your shift work / in the past?	**How many days have you had off work in the past 3 months?**

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