

# Mercator Gold Australia Pty Ltd

## EMPLOYMENT APPLICATION FORM

Position Applied for: .....

Surname: ..... Given Names: .....

Address: .....

..... Postcode :.....

Email: ..... Mobile: .....

Telephone - Home: ..... Work: .....

Date of Birth (if under 21): .... Aust. Resident: .....

State of Health: .....

Sports & Leisure Activities: .....

.....

It is a condition of the offer of employment that you enter into an Australian Workplace Agreement. Do you accept this?    Yes                          No   

**Are you currently employed**                      Yes                          No   

### **YOUR CURRENT / MOST RECENT POSITION:**

From: ...../...../.....                      To: ...../...../.....                      Position Title .....

Employer: .....

Address: .....

Responsible to (Title): .....

Responsible for (immediate subordinates): .....

Nature of Employers Business: .....

State Main Duties/Responsibilities: .....

.....

Reason for Leaving: .....

.....

**REFERENCES:**

NAME, POSITION AND ADDRESS OF THOSE ABLE TO SUPPLY A WORK REFERENCE.  
(These referees may be contacted by the employer)

- 1. ....  
..... Tel:.....
- 2. ....  
..... Tel:.....
- 3. ....  
..... Tel:.....

**ACADEMIC & TRADE BACKGROUND:**

.....  
.....  
.....  
.....

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**A NATIONAL POLICE CLEARANCE IS TO BE ATTACHED**

Clearance attached?

Yes  No

**DO YOU CONSENT TO UNDERGOING DRUG AND ALCOHOL TESTING BEFORE ATTENDING AND DURING YOUR TIME ON SITE?**

Yes  No

**DISABILITY:**

A disability or injury is NOT a barrier to the consideration of an applicant for employment. However, to assist in assessing opportunities for your placement in appropriate employment, please indicate:

Whether you have a disability or injury or medical condition likely to affect your work performance or which could recur or be aggravated by the type of work for which you are applying:

Yes  No

If Yes give details .....  
.....

## MEDICAL QUESTIONNAIRE

Do you or have you ever suffered from:

Back Injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Neck/Shoulder/Wrist/Knee sprains or strains	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Chest or Heart Disease	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Infection of Nose, throat or Ear	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Skin Trouble or Dermatitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Eyesight Deficiency	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Hearing Loss / Tinnitus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Any history of Hepatitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Hernia or Joint Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Fits/Fainting/Attacks or Blackouts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Vertigo or Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Do you smoke	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently on Workers Compensation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Are you currently taking any medication or having treatment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Have you ever been on Workers Compensation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				
Did you receive a settlement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details _____				

Name, address and phone number of your Doctor:

\_\_\_\_\_  
\_\_\_\_\_

Phone; \_\_\_\_\_

**IMPORTANT NOTE**

Section 79 of the *Workers Compensation and Rehabilitation Act (WA) 1981* gives the Workers' Compensation Board discretion to refuse to award compensation, which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment, wilfully and falsely represented himself/herself as not having previously suffered from the disability for which a subsequent claim for compensation is made.

I certify that all this information is true to the best of my knowledge I have read and understood the employer's terms and conditions of employment. I authorise the employer to obtain information from my Doctor, and where applicable the Insurance Company for any workers' compensations at the time. I understand that if I have falsified or provided any misleading work details or medical details my employment will be terminated. I will comply with all employer policies and safe work practices and observe the requirements of the relevant O.S. & H. Act and regulations.

**WHEN ARE YOU AVAILABLE TO START?**

From: ...../...../.....

*In signing this form I acknowledge acceptance of all the conditions as set out. I authorise investigation of all statements contained throughout and understand that any false or misrepresentation of facts or misleading information is sufficient reason for dismissal.*

*I understand that part of the application procedure involves a medical examination by a medical officer nominated by the Company and an Audiometric Test by an accredited practitioner and I authorise disclosure of the results of these examinations to the Company.*

*I consent to any reference checks which may be necessary to support this application.*

DATE: ...../...../..... APPLICANT'S SIGNATURE: .....

**GIVING FALSE OR MISLEADING INFORMATION GIVEN MAY LEAD TO YOUR INSTANT DISMISSAL**

**OFFICE USE ONLY:**

References Checked ..... Yes  No

Comments received: .....  
.....  
.....

Interview to be arranged Yes  No

Position Title: ..... Permanent  Casual

Has a medical examination been booked?

Yes  No  Date: \_\_\_\_\_ Time: \_\_\_\_\_

Has an Audiometric Test been booked?

Yes  No  Date: \_\_\_\_\_ Time: \_\_\_\_\_

Is the Applicant recommended for employment?

Yes  No

Commencement Date: \_\_\_\_\_

Location: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND TOGETHER  
WITH A RESUMÉ EITHER FAX TO: +61 (0) 8 9316 9455  
or E-MAIL TO: [employment@mercatorgold.com.au](mailto:employment@mercatorgold.com.au)**