

# Malpass Enterprises Pty Ltd



25-27 Bolam Street, GARBUTT QLD 4814  
Postal Address : P.O. Box 162, GARBUTT EAST QLD 4814  
Phone - (07) 4779 1077  
Fax (07) 4779 1026 or (07) 4725 4308

## EMPLOYMENT APPLICATION (console operator)

Applicants Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Site:

- Garbutt       Yabulu       Upper Ross       Rosslea  
 Calcium       Rio Don (Bowen)       Any / All

### EMPLOYMENT HISTORY

Are you currently employed: Y / N

If Yes and are offered a job, Can you start immediately: Y / N

If No what length of time is required before you can start work: \_\_\_\_\_

Previous Employment: (List your last 3 Positions held – most recent first)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reference: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reference: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Position Held: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reference: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**EDUCATION HISTORY**

School Name: \_\_\_\_\_ Year Finished: \_\_\_\_\_  
 School Level Attained: \_\_\_\_\_

**Other Qualifications**

Institution: \_\_\_\_\_ Date Attended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Course: \_\_\_\_\_  
 Qualification Attained: \_\_\_\_\_

Institution: \_\_\_\_\_ Date Attended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Course: \_\_\_\_\_  
 Qualification Attained: \_\_\_\_\_

Institution: \_\_\_\_\_ Date Attended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Course: \_\_\_\_\_  
 Qualification Attained: \_\_\_\_\_

**MEDICAL**

Is there any reason (medical or otherwise) that you are aware of that may prevent you from performing the duties that may be required for the position you are applying for: **Y / N**

If Yes please tell us a little about it and what adjustments may be needed to over come the difficulty or situation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AVAILABILITIES**

Please enter the times available for each day:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**TYPE OF EMPLOYMENT**

Casual       Part time       Fulltime       Any

Preferred number of hours: \_\_\_\_\_

**GENERAL** (Please Circle)

Are you prepared to work rosters as required?	Yes	No
Have you worked rosters previously?	Yes	No
Are you prepared to work if called in?	Yes	No
Are you prepared to work overtime if required?	Yes	No
Are you prepared to work as and where directed?	Yes	No
Are you prepared to abide by safety & work rules?	Yes	No
Have you ever been convicted of a criminal offence?	Yes	No

**OTHER INFORMATION:**

Please List other skills or attributes that you may have that you think will help you with employment with our company:

1 \_\_\_\_\_  
\_\_\_\_\_  
2 \_\_\_\_\_  
\_\_\_\_\_  
3 \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_(print name) declare that all information in this application to be true and acknowledge that, if employed, any false or misleading information identified may result in termination of my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_(print name) authorise any person or company to provide you with information as you may require regarding my job application. If the named referees are not authorised to speak on behalf of the company or not available, any enquiries can be made with the Manager or duly authorised person.

As part of this application being actioned, a credit check and/or criminal history check may be done is so required by the potential employer. Also, enquiries may be made with the WorkCover authority.

I understand and agree to a criminal History check being completed if so required. In order for this to be completed I agree to provide my Date of Birth and any other information that may be required for the check to be completed.

I further authorise you to furnish any third party, details of this application and any subsequent dealings with you as a result of this application being actioned.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note : All statements on this application are subject to being checked.**

**Please attach a resume to this application**

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