



**COVERSTAFF INTERNATIONAL**  
**TEMPORARY APPLICATION FORM - INDUSTRIAL**

Have you registered with us before: Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>TEMP ID NO:</b>	
How did you hear about Coverstaff?			
First Names: <small>Mr/Mrs Miss/Ms</small>	Surname:	Any Prior or Pending Criminal Convictions: Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	
Address:	DOB	Age	
	Home No.	Transport (circle) car motorbike public Other:	
Suburb: City:	Mobile No.	Work Permit Required Yes <input type="checkbox"/> No <input type="checkbox"/> Permit Number:	
Email:		In case of emergency (name and phone no)	
Preferred work hours: Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Nights <input type="checkbox"/>		Are you a regular smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date available from:	Length available:	Are you looking for a permanent position? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Position:	
Have you any injury's or illness that might affect your work? (e.g. diabetes, asthma, back injury, mental illness, migraines) please provide detail:			
Have you ever received ACC for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details:			
Under Subsection 6 of Section 7 of the Accident Rehabilitation Insurance Act 1992, you are obliged to provide Coverstaff with specific information on any accident or accidents in which you may have been involved in the past. Should you fail to disclose any relevant information, or say you are not: • Suffering or have suffered from any personal injury; or • Suffering or have suffered from a specific condition likely to materially contribute to that injury caused by gradual process, disease or infection arising out of and in the course of employment will mean that entitlement to any treatment is lost. I acknowledge that I have read and been informed of the foregoing and understand the consequences of non-disclosure of any previous Accident Compensation history.			
Signed: .....		Date: .....	
<b>Tick the skills below in which you have Work Experience</b>			
Computer Literate <input type="checkbox"/>	<b>Skilled Trades</b>	<b>TQ*</b>	<b>EX*</b>
Production Line <input type="checkbox"/>	Carpenter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packer <input type="checkbox"/>	Site Safe (cert No.) .....		
Factory Assembly <input type="checkbox"/>	Scaffolder/Rigger (cert No.) .....		
Electronic Assembly <input type="checkbox"/>	Joiner <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machine Operator <input type="checkbox"/>	Electrician <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores Person <input type="checkbox"/>	Brick/Blocklayer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coolstore / Freezer Hand <input type="checkbox"/>	Plumber <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock Picker <input type="checkbox"/>	Fitter/Turner <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Labourer <input type="checkbox"/>	Maintenance Fitter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roading Labourer <input type="checkbox"/>	Fitter Welder <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Builders Labourer <input type="checkbox"/>	Boiler Maker <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Labourer <input type="checkbox"/>	Welding Tickets .....		
Hammer Hand <input type="checkbox"/>	CNC Operator <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush Hand <input type="checkbox"/>	CNC Programmer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trades Assistant (eng) <input type="checkbox"/>	CAD Draughtsperson <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaner <input type="checkbox"/>	Boiler Attendant <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horticulture <input type="checkbox"/>	Baker <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stevedoring <input type="checkbox"/>	Painter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing Boats <input type="checkbox"/>	Plasterer Solid <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plasterer Fibrous <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aircraft Engineer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stone Mason <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical Technician <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TQ* - Trade Qualified</b>		
	<b>EX* - Experience</b>		
	STMS 1 2 3		
	TC (Cert No.) .....		
	<b>Driving</b>		
	Current Drivers Licence: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Licence No. ....		
	Circle Class 1 2 3 4 5		
	Endorsements W T R F DG		
	<b>Driving Experience</b>		
	Roading <input type="checkbox"/>		<input type="checkbox"/>
	Bulk <input type="checkbox"/>		<input type="checkbox"/>
	Freight <input type="checkbox"/>		<input type="checkbox"/>
	DG <input type="checkbox"/>		<input type="checkbox"/>
	Forklift Operator (OSH) <input type="checkbox"/>		<input type="checkbox"/>
	Reach Truck Operator <input type="checkbox"/>		<input type="checkbox"/>

Do you have your own personal safety equipment?	
<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Welding Helmet <input type="checkbox"/> Wet Weather Gear <input type="checkbox"/> Steel Cap Boots <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Dayglo Jacket	
Can you handle? Light Work <input type="checkbox"/> Medium Work <input type="checkbox"/> Heavy Work <input type="checkbox"/>	Do you have your own tools? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Office Use Only</b>	<b>Consultant Comments</b>
Appearance:	General comments:
Experience:	
Ability:	
Communication skills:	Work preferences:
	<b>PTO</b>

Work History (please list most recent and work back)		
Company Name:	Name of Referee:	Position of Referee:
Telephone:	Fax:	Email:
Your position / title:	Dates of employment:	Reason for leaving:
Description of Duties:		
Verbal reference/reference check:		
Company Name:	Name of Referee:	Position of Referee:
Telephone:	Fax:	Email:
Your position / title:	Dates of employment:	Reason for leaving:
Description of Duties:		
Verbal reference/reference check:		
Company Name:	Name of Referee:	Position of Referee:
Telephone:	Fax:	Email:
Your position / title:	Dates of employment:	Reason for leaving:
Description of Duties:		
Verbal reference/reference check:		

**I hereby authorise Coverstaff and present or past employers to give any information regarding my work, character or skills. I hereby declare that the information I have given is true and correct. I have read and accept all terms and conditions of the Coverstaff Temporary Employment Agreement. I hereby authorise Coverstaff to complete either a police, security, criminal or driver check if required.**

Signature of Applicant:.....	Date: .....
Signature of Consultant:.....	Date: .....

Should you choose to seek independent legal advice please fill in and sign below.

I .....acknowledge that I have been offered or may be offered a temporary employment assignment with Coverstaff and that I have been given a copy of the proposed Employment Agreement to enable me to seek independent advice before deciding whether to sign the agreement. If I accept prior to my signing to the Employment Agreement then I do so on the same terms and conditions as if the Employment Agreement has been signed. I understand this is necessary if I wish to accept assignments that are immediately available without affecting my ability to seek advice as per the Employment Relations Act 2000.

Signed: .....	Date: .....
Signed: .....	Date: .....
<i>On behalf of Coverstaff</i>	