



AUSTRALIAN PROFESSIONAL GALVANIZING

Quality & Service, Every time.

Have you ever had cause to make a workers compensation claim? Yes  No

Do you currently have an outstanding workers compensation claim? Yes  No

If yes to either of the above please provide details including nature of injury and area or part of the body affected.

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Do you have any previous experience in metal fabrication? Yes  No

For example - use of hand tools, machine operation, welding, oxy cutting, plasma cutting.

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**HEALTH RECORD**

Have you ever had an accident or serious illness either work related or personal? Yes  No

Please list.....

Do you have any health problems? Yes  No

Please list.....

Do you take any medications? Yes  No

Please list.....

**GENERAL**

Have you previously applied for employment here? Yes  No

Have you been discharged from employment due to your conduct? Yes  No

Have you ever been convicted of a crime? Yes  No

Do you have any objections to us seeking verification of information with this application? Yes  No

**DECLARATION**

I authorise APG Pty Ltd to secure any information regarding myself. I hereby release any person, firm or institution of all liability for any damage whatsoever issuing from such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false statement or dishonest answer to any question in this application will be regarded as misconduct and will be ground for dismissal from employment.

Applicants Signature: ..... Date:.....