

**Postal Address**

102 Bolsover Street  
PO Box 562  
Rockhampton  
Queensland 4700

**P 1800 806 645**  
**F 07 4922 8019**  
**E [rock@therock.com.au](mailto:rock@therock.com.au)**  
**[www.therock.com.au](http://www.therock.com.au)**

ABN: 16 067 765 717 3  
Australian Credit Licence / AFSL: 237 095



## Application for Employment

### SECTION 1 – PERSONAL DETAILS

Title:  Mr  Mrs  Ms  Miss

Surname \_\_\_\_\_

Other Names: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_

Are you legally entitled to work in Australia?

- Yes, citizen/resident visa number \_\_\_\_\_  
 No

Drivers License  Yes, provide number \_\_\_\_\_  
 No

Passport  Yes, provide number & issuing country \_\_\_\_\_  
 No

### SECTION 2 – POSITION PARTICULARS

Employment Status Sought (please tick):



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- Full Time       Part Time       Casual

**SECTION 3— EMPLOYMENT HISTORY (CURRENT OR MOST RECENT FIRST)**

Employer (full name and address): \_\_\_\_\_  
\_\_\_\_\_

Dates (from/to): \_\_\_\_\_

Position & Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_

Employer (full name and address): \_\_\_\_\_  
\_\_\_\_\_

Dates (from/to): \_\_\_\_\_

Position & Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_

Employer (full name and address): \_\_\_\_\_  
\_\_\_\_\_

Dates (from/to): \_\_\_\_\_

Position & Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_



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**SECTION 4—EDUCATION AND QUALIFICATIONS**

Type	School/College/ Institution Name	Date To/From	Level Achieved Result
Secondary School			
Trade Qualifications			
Tertiary Qualifications			
Professional Courses			
Others			

**SECTION 5— REFEREES NOMINATED**

Referee's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Phone \_\_\_\_\_

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

Referee's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Phone \_\_\_\_\_

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



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**SECTION 6 – WORK HISTORY**

Do you have any illness or disability that would prevent you from fully carrying out all of the duties of the position applied for?  Yes  No

If yes please give details \_\_\_\_\_  
\_\_\_\_\_

If requested, would you be willing to supply your worker’s compensation claims history from Work Cover?  Yes  No

If requested, would you undergo a medical examination if you are offered the job?  Yes  No

If requested, would you be willing to consent to an Australian Federal Police criminal history check?  Yes  No

Is there anything not questioned that you think we should be aware of?  Yes  No

If yes please give details \_\_\_\_\_

**SECTION 7— PROFESSIONAL/ASSOCIATION MEMBERSHIPS**

Organisation	Membership Status	Renewal Date

**SECTION 8— HOBBIES & INTERESTS**

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

- All applications will be treated with confidentiality and fairness.
- All applications will be retained on file for 6 months — a further application will be required after that date should you so desire.

I am aware that if considered for employment, several checks will be undertaken to ascertain my suitability, including: an identity check, an integrity check, and a credential check. I consent to these checks and acknowledge that the outcome of assessment of information obtained through these checks is used by The Rock for employment screening purposes only.

I also declare that the information contained in the employment application is true, complete and correct in every detail, to the best of my knowledge and belief.

I acknowledge and accept that a false statement or dishonest answer to any question may be grounds for my being asked to show cause as to why I should not be terminated should my application be successful.

**Applicant’s Signature:** \_\_\_\_\_

**Date**

