

Please complete this form and return with your Resume marked  
**“Private & Confidential - Attention: HR Manager”**

**Please print clearly in BLACK INK ONLY using BLOCK CAPITAL LETTERS**

**Personal Information**

Surname:		First name(s):			
Address (Number and street):		Suburb:	State	Postcode	
Home phone:		Mobile phone:			
Home email:		Date of Birth:	dd	/	mm / yyyy
ABN or Tax File Number:		Trading Name (if ABN):			
Have you even been convicted of an offence of any kind (criminal, drink driving, tax, immigration, etc) within the last five years?					Yes or No
Have you been convicted of an offence involving sexual crime, offences against children or extreme violence?					Yes or No
Are you an Australian Citizen?	Yes or No	If <b>NO</b> , do you have a valid work visa from the Australian Dept of Immigration?			Yes or No
					<small>(Please attach a <u>copy</u> of your visa)</small>

**Medical Information**

To assist Lovett Custom Homes to fulfil its obligations under Occupational Health and Safety laws, please disclose any information about any disability or medical condition you have that may:

(a) Prevent you from performing the inherent requirements of the position that you are applying for; or  
 (b) Pose a risk to your health and safety, or the health and safety of your fellow employees in the workplace.

To help you respond to this question, please ask LCH for a copy of the position description for the position you are applying for.

Please specify:		
Are you willing to undertake a medical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to undertake a pre-employment drug & alcohol test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Application Details**

Position applied for:		Available start date:	dd	/	mm	/	yyyy
How did you hear about Lovett Custom Homes?							
What is your understanding of our company?							
Why do you choose to work in the construction industry?							

Are you currently working? If so, where?	
Please provide brief overview of your previous experience.	
Have you previously worked in the construction industry? If so, how many years have you been working in the construction industry?	
Do you have the appropriate tools and equipment for the proposed position? Please list of your current tool inventory.	

Professional References <i>(Note: LCH will check your references prior to your employment commencing)</i>				
	Company Name	Contact Person	Position Held in Company	Telephone Number
1				
2				

More Questions	State:	Type:	Expires:
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- |   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| Do you hold a Drivers' Licence?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Do you own your vehicle?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Have you been convicted of a vehicle or motoring offence in the last three years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Have you ever suffered a work-related injury or illness?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Do you have a Construction General Induction card?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Do you have a current and valid First Aid Certificate?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Do you have any other Trade or Operators Certificates/Tickets?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, list* them below |
| Do you agree to attend a Pre-Employment Medical when requested?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Are you prepared to provide alcohol/drug screening samples at random?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Are you prepared to work (temporary) weekend shifts if required?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Do you have any physical or other injuries, illnesses or conditions that could present a risk to you or anyone else at or near work or that could inhibit your ability in carrying out any physical task relating to the construction industry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |

\* List of other Trade or Operators Certificates/Tickets:

Declaration
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- I declare that the information I have provided in, and attached to this document, is accurate and true.
- I am not deliberately or knowingly withholding any information that may impair my eligibility for employment by LCH.

<ul style="list-style-type: none"> <li>I understand that if I am found to have deliberately or knowingly withheld information or provided false or misleading information in order to gain employment, my employment with LCH may be terminated immediately without notice and without payment in lieu of notice.</li> </ul>								
<ul style="list-style-type: none"> <li>I understand that, if I do not provide sufficient documented evidence of all skills, competencies, licences and experience that I have listed in this application, LCH may refuse to consider this application for employment.</li> </ul>								
Name ( <i>print</i> ):								
Signature:		Date:		dd	/	mm	/	yyyy