

Penguin Composites
808 South Rd
Penguin Tas 7316
Phone 64372791

Registration of Interest Form- return in person to the above address.

Applicant Details:

Surname: _____ Given Names: _____

Date of Birth: _____

Residential Address: _____

Postal Address: _____

Private Telephone: _____ Mobile: _____

Current work telephone (if applicable) _____

List trade skills if any:

1. _____

2. _____

3. _____

Licenses held, i.e. Drivers, fork lift. First Aid, Crane, Riggers etc.

Previous employment history:

| Name of employer | Period of employment | Position held | Reason left |
|------------------|----------------------|---------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Contactable References:

1. _____ telephone: _____
2. _____ telephone: _____
3. _____ telephone: _____

Have you had any problems with any of the following: please circle and give details.

Back or neck problem Hernia Skin trouble Eye problems Asthma

Any known allergies Heart problems Other

Are you under any medical treatment at present? **YES NO** (please detail)

Do you smoke? **YES NO**

Have you ever experienced illness or accident, workers compensation claim involving physical injury, disease or other impairment which may limit your ability to perform adequately the position you are now applying for, without endangering yourself or your fellow employees or other persons? **YES NO**

If yes, please state nature and date of any such Personal Injury, Operation or Illness.

You may be required to undergo a medical prior to commencement of employment; this may also include a drug screening test. Do you agree to this **YES NO**

Please attach Resume to Registration of Interest Form.

SIGNATURE: _____

DATE: _____