



# APPLICATION FOR APPRENTICESHIP



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| <b>Q: Why are you interested in joining the AKD team?</b> |
| <b>A:</b>   |
| <b>Q: What are your personal and career goals?</b>        |
| <b>A:</b>   |

- Do you have a current Australian driver's licence?

If 'Yes' please provide: Number: \_\_\_\_\_ Class: \_\_\_\_\_

- Do you have physical or mental constraints that may affect working at heights, using stairs/ladders, accessing equipment etc.?

If 'Yes' please describe \_\_\_\_\_

- Do you have any sensitivities/allergy to any chemicals/dust/products etc.?

If 'Yes' please describe \_\_\_\_\_

- Do you have any vision impairment or colour blindness?

If 'Yes' please describe \_\_\_\_\_

- Do you have any hearing impairments or ear problems that may affect your balance or wearing hearing protection (PPE) for long periods?

If 'Yes' please describe \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

I agree that if my application for employment is accepted:

1. To undertake a pre-employment medical or functional assessment and a drug and alcohol urine screen.
2. To use all protective clothing and safety equipment prescribed by the Company and in the manner directed.
3. To report any injury sustained immediately to the relevant supervisor.
4. To work shift work and/or reasonable overtime as required.
5. To abide by all Company Policies and Procedures at present in force, or as notified in the future.
6. That failure to comply with such rules and regulations may render me liable for dismissal.

PLEASE CHECK YOUR ANSWERS CAREFULLY AS ANY INCORRECT OR MISLEADING INFORMATION GIVEN MAY RESULT IN THE CONTRACT OF EMPLOYMENT BEING TERMINATED.

**I BELIEVE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.**

**Signature of Applicant:**

**Date:**