



APPLICATION FOR EMPLOYMENT
RTL IS AN EQUAL OPPORTUNITY EMPLOYER

RTL Joint Venture
A.B.N. 50 099 719 317
P O Box 1236
Morwell 3840
Telephone (03) 51361 000
Facsimile (03) 5133 0496

(APPLICATION VALID FOR TWO MONTHS ONLY FROM SUBMISSION DATE)

USE BLOCK LETTERS AND COMPLETE ALL DETAILS

CONFIDENTIAL

Surname Other Names

Current Address Phone No.

..... Mobile No:

Is this your usual place of residence? Yes No Residence maintained by applicant? Yes No..

Where the answer is NO give address of usual place of residence

In case of Emergency Notify (Name and Address, Phone No.)

Position Applied for Date of Birth.....

Tickets/Additional Skills Driver's Licence No.

I am/am not a member of the following Scheme(s).

SUPERANNUATION SCHEME..... MEMBERSHIP NO.

LONG SERVICE LEAVE SCHEME MEMBERSHIP NO.

REDUNDANCY SCHEME MEMBERSHIP NO.

I understand it is a condition of my employment that:

- (1) Necessary safety equipment and footwear are worn at all times.
- (2) All safety rules as issued by the company, or relevant Authority will be observed.
- (3) Shift work and overtime will be worked when required.
- (4) I will undergo a medical examination at company expense if asked to do so.
- (5) I will allow access to necessary Workers Compensation details should they be required to assist my safe employment at RTL.

**NOTE: COMPLETE DETAILS OF PREVIOUS EMPLOYMENT ON REVERSE SIDE.
INCLUDE EMPLOYMENT WITH RTL WHERE INDICATED.**

I declare the information on this application is true and correct and acknowledge that submission of false information may result in dismissal.

Signature Date

