



APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS:

Family Name: _____ **Given Name(s):** _____

Residential Address: _____

City/Town: _____ **State:** _____ **Post Code:** _____

Date of Birth: / / **E-Mail:** _____

Telephone No: _____ **Mobile No:** _____

Please tick the box relevant to the position you are interested in:

Shore Position

Customer Services Officer

Ship Positions

Steward (must hold a Responsible Service of Alcohol Certificate)

Cook/Chef (must hold a Certificate III in Commercial Cookery)

Trainee Integrated Rating

Please tick the box to indicate if you have had previous experience or training in:

- Tourism Industry
- Hospitality Industry
- Retail Industry
- Trade Areas

If yes, describe in more detail where and when you obtained this experience or training.

Can you meet the requirements to hold an MSIC Card? **Yes/No**

Are you an Australian Citizen or Australian Permanent Resident? **Yes/No**

If not, do you hold a valid visa with work entitlements that permits you to be lawfully employed in this position? **Yes/No**

Do you give permission for references to be verbally checked? **Yes/No**

PRE-EMPLOYMENT QUESTIONNAIRE

Please complete all questions with detailed answers.
You may answer question(s) on a separate piece of A4 paper if there is insufficient space.

Q1. What attracts you to a career with TT-Line?

Q2. What relevant work experience, training courses, interests, hobbies, community activities etc., would assist you in a career with TT-Line?

Q3. Are there any commitments that may make it difficult for you to accept TT-Line's flexible roster arrangements including shift and weekend work?

Q4. Your ability to work as an active team member is an important aspect of TT-Line's working environment. Describe what working in a team environment means to you.

Q5. What is your understanding of workplace safety?

EMPLOYMENT HISTORY

Please provide details of your **complete** employment history – beginning with your most recent position. If insufficient space is provided, please attach further details on A4 paper.

Employer's Name.....

Address.....

Start Date.....**Date Ceased**.....

Position Held.....

Reason for Leaving.....

Name, Position and Contact Number of Supervisor

.....

Summary of Main Duties and Responsibilities

.....

.....

.....

Employer's Name.....

Address.....

Start Date.....**Date Ceased**.....

Position Held.....

Reason for Leaving.....

Name, Position and Contact Number of Supervisor

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Summary of Main Duties and Responsibilities

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REFEREES

Please provide contact details for three referees who are able to comment on your work performance in relation to the Key Selection Criteria. Our preference is for professional referees, however, where you do not have an employment history, community, sporting or a personal referee should be provided. References will only be utilised if you are short listed for the position. Please indicate if discretion is required.

Name of Referee.....
Organisation.....
Position.....
Address.....
Telephone Nos.....

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To be completed by all applicants:

TT-Line has a duty to ensure that employees are fit to perform their duties taking into account the nature of the working conditions. TT-Line also needs to anticipate and where possible prevent the avoidable occurrence of ill-health which could place you and others at risk. For these reasons it may be necessary for TT-Line to investigate your fitness to perform the requirements of the position you have applied for by conducting a medical assessment.

Do you have any physical or psychological symptoms, medical conditions or limitations or requirements whether ongoing or intermittent that may:

- (a) Impact on your ability to continuously or safely (for you or others) perform any of the requirements of the position (please ensure you have considered the position description which lists the requirements in detail)?; or
- (b) Be worsened by the requirements of the position or work environment.

If 'yes' please describe in detail:

Do you consent to having a medical assessment performed by a medical practitioner or health care professional nominated by TT-Line in order to determine your fitness to perform the position you have applied for?

Yes/No

MEDICAL HISTORY

The following medical information is required to highlight any areas that may require further investigation by the medical practitioner who assesses your fitness to perform the requirements of the position that you have applied for.

You are required to answer the questions truthfully and to the best of your ability. Failure to provide correct and relevant information could impact on you being offered employment or your continued employment if you are offered a position.

Answering 'yes' to any question will not necessarily preclude you from being considered for employment but may require closer investigation by the medical practitioner or health care professional and TT-Line to determine your fitness to perform the requirements of the position.

- 1. Height (in bare feet) (m) _____
- 2. Weight (kg) _____

YES or NO

- 3. Have you any visual defect? _____
- 4. Have you had ear discharge, perforated ear drums, or any operation on the ears? _____
- 5. Do you suffer from hearing loss? _____
- 6. Have you ever had high blood pressure? _____
- 7. Have you ever had blackouts, fainting attacks or fits? _____

8. Have you ever had skin problems? _____
9. Have you ever had asthma? _____
10. Have you ever had heart disease or problems? _____
11. Have you ever suffered from kidney stones or other kidney disease? _____
12. Have you had any bladder, prostate or other urinary problems? _____
13. Have you ever had any mental health disorder or nervous condition? _____
14. Have you ever had suspected stomach or bowel trouble? _____
15. Have you ever had a stomach or duodenal ulcer? _____
16. Have you ever had any form of hepatitis? _____
17. Have you ever had gall stones, other gall bladder disease or
pancreatitis? _____
18. Have you ever had migraine or any head injury? _____
19. Have you ever had a hernia, appendicitis or recurrent abdominal pain? _____
20. Are you suffering from any ailment at present or on any medication? _____
21. Do you suffer from diabetes? _____
22. Have you ever had tuberculosis, chronic bronchitis or coughed up blood? _____
23. Have you had recent contact with a known case of tuberculosis? _____
24. Have you ever had poliomyelitis or any type of paralysis? _____
25. Have you ever had any form of cancer? _____
26. Have you ever had any major accidents or surgical operations? _____
27. Have you ever had any blood diseases? _____
28. Is there any disease or other condition which runs in your family? _____

If you have answered 'yes' to any of the medical history questions above please provide further details here (please use separate A4 piece of paper, if necessary)

I certify that the information I have provided on this form relates to me personally and that it is true and correct.

(Signature)

(Print Name)

(Date)

Thank you for your co-operation.

CERTIFICATION / ACKNOWLEDGEMENT

If this section is not signed your application will not be processed.

I certify that the information contained in this Application for Employment is correct to the best of my knowledge. I authorise *Spirit of Tasmania* to carry out any background verification checks as deemed necessary in connection with this application. This includes referees, educational history and employment checks. I acknowledge that if my application is successful and it is found that I have deliberately or carelessly provided false or misleading information or unreasonably omitted to provide information that is relevant to my ability to perform the requirements of the position that I have applied for TT-Line may have grounds to terminate my employment.

Signature _____

Date ____/____/____

Please ensure your resume and relevant certificates are attached with your application.