



Pearl Aviation Australia Pty Ltd

ABN 40 008 903 017

Human Resources - Application for Employment - Non-Pilot

Form QM01/06
Rev. No.: 01
Date: 30.11.00
Page 1 of 2

POSITION SOUGHT:

PERSONAL DETAILS

SURNAME: _____ OTHER NAMES: _____

ADDRESS: _____ TEL No: _____ (W / H)

MOBILE: _____

POSTAL ADDRESS (IF DIFF): _____

DATE OF BIRTH: _____ DRIVERS LIC. No: _____ CLASS: _____ EXPIRY DATE: _____

NEXT OF KIN CONTACT NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE No: _____

RESIDENCY: Are you an Australian citizen - Yes/No (circle one)

If "No", please answer the following two questions:

Have you been granted permanent residence in Australia - Yes/No

Are you otherwise entitled to work in Australia – Yes/No

HEALTH: _____

Do you suffer from any ailment or disability or are you required to take regular medication which may:

Affect your attendance at work : Yes / No

Affect your ability to perform your work : Yes / No

Have you ever submitted a Workers Compensation Claim or any Disability Claim? Yes / No

Specify: _____

APPLICANT MADE AWARE OF SECTION 79 WORKERS COMPENSATION & REHABILITATION ACT.

79. Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, wilfully and falsely represented himself/herself as not having previously suffered from the disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable.

Do you have any objections in undertaking a full medical at the companies expense?Yes / No

If yes, please stipulate your reasons:



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EDUCATION/QUALIFICATIONS

| | INSTITUTION | STANDARDS ATTAINED | YEAR |
|----------------|-------------|--------------------|------|
| SECONDARY | | | |
| APPRENTICESHIP | | | |
| TRADE LICENCES | | | |
| TERTIARY | | | |

PLEASE ATTACH COPIES OF LICENCES ETC

EMPLOYMENT HISTORY

| EMPLOYER | POSITION | FROM/TO | REASONS FOR LEAVING |
|----------|----------|---------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Aircraft or Equipment worked on:

REFERENCES *(Attach copies of written references)*

Specify details of persons prepared to give a verbal reference:

| NAME | TITLE | TELEPHONE No |
|------|-------|--------------|
| | | |
| | | |
| | | |

PLEASE ATTACH A RECENT PASSPORT SIZE PHOTOGRAPH

I certify that all the information I have provided in this application for employment is true and correct. I authorise Pearl Aviation Pty Ltd to verify any of the information it considers necessary for the proper assessment of this application. I acknowledge that any false information or material omission in this application will be sufficient cause for Pearl Aviation Pty Ltd to reject my application for employment or to dismiss me if I am employed upon the basis of false information provided or an omission made in this application.

APPLICANTS SIGNATURE: _____ **DATE:** _____