



Please note that you may be required to complete a Selection Test at a date to be determined, should your application be considered. Kindly attach a copy of your Resume including copies of School, TAFE reports and results, etc. Also note that you will need to re-apply after six months from the date of this application.

Position Sought: (please tick)

Apprenticeship	Traineeship	Inschool Traineeship	School Based Apprentice
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Please nominate, in order, your choice of Apprenticeship or Traineeship:

1)	2)
3)	4)

Personal Information

Family Name: _____ Given Names: _____

Residential Address: _____

Suburb/Town: _____ State _____ Postcode: _____

Postal Address: _____

Suburb/Town: _____ State _____ Postcode: _____

Email Address: _____

Phone Number: _____ Mobile _____

Alternative/Emergency Phone Contact _____

Date of birth: _____ Age: _____ Male Female

Country of birth: _____

Are you of Aboriginal or Torres Strait Islander descent **Yes No (please circle)**

Education/Prior Achievements

Highest level of education achieved: _____

School attended: _____

Year you left school: _____

Have you completed any other courses (eg TAFE, Pre-vocational, etc) **Yes No (please circle)**

If YES please complete the table below

Course name	Course date	Course location	Level achieved

Employment History

Have you previously been employed? **Yes No (please circle)**

Please detail the Positions held and Place of Employment:



Other Information

Are you registered with a Job Network Agency? **Yes No (please circle)**

If so Which organisation: _____ Location: _____

Do you have a current Drivers' Licence? **Yes No (please circle)** Licence Number _____

Do you have Transport? **Yes No (please circle)** Type _____

Do you have an OHS Construction Induction Certificate? **Yes No (please circle)**

If **Yes**, please supply OHS Construction Induction Certificate Number: _____

Note:
We are an EEO Employer. We are asking for the following information so that we know how best we can accommodate your needs, if you are appointed to a position

Do you have a disability or are you aware of any circumstances regarding your health which might interfere with your ability to perform the duties of the position for which you are applying?
Yes No (please circle)

If Yes, please detail: _____

Are you colour blind? **Yes No (please circle)**

Emergency Contact Details

Surname: _____ Given names: _____

Address: _____

Town: _____ State _____ Postcode: _____

Phone (home): _____ Phone (work): _____ Mobile: _____

Relationship to applicant: _____

How did you find out about our Company?

Newspaper (indicate which paper)					
Radio (indicate which station)		Television (indicate which station)			
Please indicate with a tick if any of the below apply:					
Internet		School		Yellow pages	
Word of Mouth		Job Network Agency		Other	

Note
As a condition of my application, I authorise investigation of all statements contained herein and I understand that misrepresentation or omission of facts called for is just cause for dismissal.
If you will be working on a construction site, it is a condition of employment with Mid Coast Group Training that you have attended a WorkCover OHS Construction Induction course and can provide an OHS Construction Induction Certificate to verify your attendance PRIOR to commencing your apprenticeship/traineeship

Applicant's Signature: _____ Date: _____