



Newcastle Stevedores Pty Ltd

ABN 37 076 866 156

130 Young street

CARRINGTON NSW 2294

PO Box 190

CARRINGTON NSW 2294

APPLICATION FOR EMPLOYMENT

APPLICANT DETAILS

First Name:		Surname:	
Home Address:			
Email Address:			
Phone (home):		Mobile:	
Date of Birth:		Drivers Licence no:	
Emergency Contact (EC) details:		EC Name:	
EC Phone:		Relationship of EC:	

EMPLOYMENT HISTORY (MOST RECENT EMPLOYER FIRST)

	Name of Employer	Dates	Position held, and responsibilities	Reason for Leaving
1				
2				
3				

EDUCATION

High School

Level Achieved:		Year of leaving:	
Name of School:			

Further Education:

Name of Institution:		Year completed:	
Courses completed:			

Application for Employment

Telephone: 02 4978 7100 Mobile: 0418 496 468

admin@newcastlestevedores.com.au www.newcastlestevedores.com.au

Licences / Tickets Held (Please attach copies)

SECURITY:

Do you have any criminal record that may lead to you not being able to obtain a Maritime Security Identification Card? (MSIC) _____

HEALTH

List any illness or disability which may affect your ability to safely carry out the duties associated with this position: _____

REFERENCES

Name / Company	Phone Number

Do you consent to the references and previous employers being contacted? YES/NO

Applicants Signature _____ Date _____