



BIA GROUP STANDARD FORMS

APPLICATION FOR EMPLOYMENT

Position Title:			
PERSONAL DETAILS			
Surname:			
Given Names:			
Residential Address:			
Postal Address:			
Mobile No:			
Email Address:			
Do you hold a current Driv	ver's Licence?	□ YES □	NO
Driver's Licence No:		Class:	State:
□Automatic	☐ Manual	☐ Passenger Tran	sport Driver Authority (PTD)
ELIGIBILITY TO WORK			
Are you a permanent resid	dent or citizen of Australia	☐ Yes	□ No
If no, are you legally perm	itted to work in Australia	☐ Yes	□ No
If yes, please indicate Visa	type	Visa No	Expiry date

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	ALIFICATIONS PRENTICESHIP:		
Nar	me of Company	Trade	Date Completed
TEF	RTIARY (Certificate, Diploma, Degree):		
Inst	itution	. Qualification	Year
	AINING training courses/seminars completed:	:	
Cou	urse/Seminar Name		Year Completed
•••••			
•••••			
EM	PLOYMENT HISTORY (Detail most re	•	
	Previous Employer		Dates From/To
Pos	ition Held		
	ison for Leaving		
 2)	Previous Employer		Dates From/To
Pos	ition Held		
 Rea	ason for Leaving		





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Have	you previously held a su	pervisory role?	☐ YES	□ NO	
Pleas	e provide details				
Have	you been previously em	ployed by Broome In	ternational Airp	ort? 🗆 YES	\square NO
If so,	specify dates	a	nd position held	l	
REFE	RENCES				
Nom	inate 2 referees, prefera	bly the last 2 places o	f employment.		
NAM	E	TITLE	TELEPHONE	NO.	EMAIL ADDRESS
1					
2				•••••	
By providing the above contact details, I consent to BIA contacting my referees.					
ADD Healt	ITIONAL INFORMATIO h	N			
	e best of your knowledg rom undertaking the dut	•		•	njury which may preclude
work		• • • • • • • • • • • • • • • • • • • •	• •		f it is likely to affect your e applying for, you must
Applion		Il assistance needs are	e invited to disc	uss its releva	ance at time of interview





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Workers	s' Compensation Claims		
Do you l	have a current or previous Workers Compensation Claim?	☐ Yes ☐ No	
Howeve	ers' Compensation Claim is not a barrier to the consideration oer, any disability or injury likely to affect your work performated by the type of work for which you are applying must be disc	ance or which could recur or be closed. If yes, please give details.	
whethe	ions nal record does not necessarily disqualify an applicant. However r you have ever been convicted of any offence in any court; or pending before any court? If yes, please give details.	• •	
	THE RECOMMENDED APPLICANT WILL BE REQUIRED TO UNE TICATION CARD FOR EMPLOYMENT AND A POLICE CHECK M YMENT.		
docume	ng this Application for Employment, I authorise investigation of ent, and I understand that misrepresentation of facts is suffici- e my permission for a representative of the company to contact	ent for dismissal, if employed. I	

I also agree to comply with the safety policies, including the wearing of any necessary personal protective equipment (PPE) as instructed, and all disciplinary action procedures of the company policies.

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IMPORTANT NOTICE

Section 79 of the Workers Compensation and Assistance Act 1981 gives the Workers' Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker had, at the time of seeking or entering employment, willfully and falsely represented himself as not having previously suffered from the disability, the subject of the claim for compensation.

Applicant Signature:	Date:

TO LODGE APPLICATIONS:

ENQUIRIES: HR/ Executive Coordinator - Ph: 9194 0604

EMAIL: hr@broomeair.com.au

MAIL: Locked Bag 4016, Broome WA 6725

HAND DELIVER: Broome International Airport Administration Office, Macpherson Street

Broome