Melbourne and Metropolitan Tramways Board



Application for Employment

(To be completed in Applicant's own handwriting) Com. Training

Passed...

Vu	meral Date	19Started
1.	Surname (block letters)	
υ.		
	Date of Birth (Birth Certificate must be produced, if	
6.	Country and Place of Birth	
7.	Marital State (single, married, widower, etc.)	
8.	Number of Dependents	
9.	Position applied for	
0.	What led you to seek employment with the Board?	
1.	Height (without shoes)	
2.	Weight (in ordinary clothes)	
3.		
	information in a, b, c and d. (c) Date of leaving?	
	(d) Reason for leaving	
4.	Have you previously applied for employment in the	
	Board's service? If so, state position applied for and	
5.	Have you any relatives employed in the Board's	
	service? If so, give their names and state in what	
6.	Are you employed at present? If so, by whom?	
7.	Have you at any time been charged with an offence?	
	If so, what offence and when?	
	Were you convicted?	
8.		
	school and certificates gained	
9.	War Service	Unit
		Regt. Number Discharge Cert. No.
		Date enlisted Date discharged
		Total service Days
		Active Service—In Australia
		OverseasDays
		R.A.S. Badge No.
		Decorations

	s Employment during the last 5 y	-	Employed		
Name of Employer	Address of Employer	From	То	Employed as	Reason for Leaving
21. References as to chara	cter and/or ability from:—(Origin	nal reference	s must be pro	oduced. Copies of sa	ame to be attached to
	this fo	rm.)			
Name			Address		
		······································			
99 Medical (anguay Vog o	n No.)				
22. Medical (answer Yes o					
(a) Have you ever had		***************************************			
	from Fits of any kind?	culosis or a	ny Mental D	isorder?	
	from any other illness or injur		ny Mentar D	isorder	
	ne any surgical operation?				
Unless a full and truth and if Applicant has	aful answer is given to each quest already commenced employment	tion on this : such employ	form the appl ment may be	ication may be rega terminated withou	rded as informal t notice.
	t themselves for prescribed med y time as required during the er		st X-ray exa	minations before be	ing accepted for
Successful Applicants address.	must immediately notify (in wri	ting) the lo	cal Officer-in	-Charge of any ch	ange of private
	erform such other duties as I m read and understand the contents		ure of Appl	icant	
	FOR OFFI	CE USE ON	ILY		
Interviewed by					
Comments					
Enquiries					
To Medical Officer	=	Medical	Officer's dec	ision—	
Please examine th	is Applicant for employment as				
		5			
		0			
					fedical Off
				I	Medical Officer.
	Officer-in-Charge.			Date	