|  |  |
| --- | --- |
| Name | Enter Name. |
| DOB | Enter DOB. |
| Address | Enter Address. |
| Phone Number | Enter Phone Number. |
| Date of Induction | Enter Date of Induction Viewing. |

***Employee Induction Questionnaire***

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you agree to uphold all of DGL Contractors Policies during your Employment? |  |  |
| Have you suffered any injury that may limit the type of work usually associated with the employment applying for? |  |  |
| Do you take prescription any medication? |  |  |
| If yes, please provided details Click or tap here to enter text. | | |
| Have you suffered from any hearing loss? |  |  |
| Do you have any respiratory complaint (including asthma) |  |  |
| If yes, please provided details Click or tap here to enter text. | | |
| Have you recently undergone a medical examination? |  |  |
| As a result of this examination have there been any restrictions placed on any activity? |  |  |
| If yes, please provided details Click or tap here to enter text. | | |
| Are you willing to undergo a medical examination, Drug & Alcohol tests prior to commencement of employment? |  |  |
| Are you willing to undertake random Drug & Alcohol tests? |  |  |
| If you are a smoker are you able to limit your smoking to designated breaks only? (Morning Smoko and Lunchtime) |  |  |

By Completing this Employee Questionnaire, I Enter Name. have read and understood my requirements as outlined in the DGL Induction as viewed on the Enter Induction View Date

Please Email all forms to [admin@dglcon.com.au](mailto:admin@dglcon.com.au)