



Application For Employment

Position Applied For _____

Date: _____

Personal Details

Name:		email:	
ADDRESS:			
HOME PHONE:	MOBILE:	Date of birth:	
Tax File Number:	Gender:	Male / Female	
Emergency Contact (Name and relationship):			
Emergency Contact Ph:			
Marital Status(Single, Married, etc):			
Number and ages of Dependants:			

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT YOU MUST HAVE COMPLETED THE WORKCOVER OCCUPATIONAL HEALTH AND SAFETY INDUCTION FOR CONSTRUCTION WORK IN NSW AND MUST HOLD A CURRENT/VALID DRIVERS LICENCE – Provide a copy of each.

Do you have a copy?	Yes/No	White Card No:	
---------------------	--------	----------------	--

DRIVERS LICENCE: - Provide a copy

Drivers Licence No		Class	
State Issued		Expiry Date	

CONVICTIONS: (A record does not necessarily disqualify an applicant)

Have you in the last 10 years been convicted of a criminal offence in court?	Yes/No
Have you in the last 10 years been convicted of an alcohol related drink driving offence in any court?	Yes/No
Have you in the last 10 years been convicted of any driving offence in court	Yes/No

If yes for any on the above please give details below:



Application For Employment

RESIDENCY STATUS

Are you a permanent Australian Resident?	Yes/ No
<p>If not a permanent Australian Resident, what type of Visa are you visiting Australia On?</p> <p>_____</p> <p>(Provide Copy)</p>	

EDUCATION (Most Recent First)

EDUCATION TITLE	INSTITUTION/ TRAINING PROVIDER	YEAR COMPLETED

CURRENT EMPLOYMENT: Are you currently employed? Yes / No

Current Employer: _____ Ph: _____

Address (Street Address):	
Current Position:	Supervisors Name:
Date commenced work:	Period of Notice required:
Brief summary of duties performed:	

Can your current employer be contacted for a reference? Yes / No



Application For Employment

PREVIOUS EMPLOYMENT (Most recent First)

Employer's Name:	Ph:
Address (Street Address):	
Position Held:	Supervisors Name:
Period of employed: From (month/year)	To (month/year)
Brief summary of duties performed:	
Reason for Leaving:	

Employer's Name:	Ph:
Address(Street Address):	
Position Held:	Supervisors Name:
Period of employed: From (month/year)	To (month/year)
Brief summary of duties performed:	
Reason for Leaving:	

Employer's Name:	Ph:
Address(Street Address):	
Position Held:	Supervisors Name:
Period of employed: From (month/year)	To (month/year)
Brief summary of duties performed:	
Reason for Leaving:	

OTHER INFORMATION:

What type of work are you seeking? (Full Time/ Part Time/ Casual)
When will you be available to start work?
Are you able to work flexible hours, such as nights and weekends, if required? Yes / No
Do you have any medical conditions, disabilities etc? (Specify):
Do you have any workers compensation claims? (Specify):
Do you have any pre-existing injuries, illnesses or diseases of which you are aware, that you could foresee may affect your ability to perform the duties associated with the role you are applying for? If so, please disclose relevant details:
Do you have any outside business interests? (Specify):
Have you ever been known by another name? (Specify):
Why do you think you will like this Job? What are your main aims in this job if you are successful?

SKILL DESCRIPTION: (PLEASE TICK ONLY WHAT YOU ARE WILLING AND ABLE TO DO)

<ul style="list-style-type: none"> <input type="radio"/> Labourer <input type="radio"/> Spotter <input type="radio"/> Concrete labourer <input type="radio"/> Form worker <input type="radio"/> Steel fixer <input type="radio"/> Concrete finisher <input type="radio"/> Mini Excavator Operator <input type="radio"/> Bobcat Operator <input type="radio"/> Crack Sealing works 	<ul style="list-style-type: none"> <input type="radio"/> Roller Operator <input type="radio"/> Hand Compactor Operator <input type="radio"/> Jack Hammer Operator <input type="radio"/> Pavement Saw Operator <input type="radio"/> Mechanic <input type="radio"/> Mechanical Fitter <input type="radio"/> Traffic Controller <input type="radio"/> Road Profiling works Rig Tip Truck Operator 	<ul style="list-style-type: none"> <input type="radio"/> Asphalt Paver Operator <input type="radio"/> Pressure Grouting <input type="radio"/> Asphalt works <input type="radio"/> Spray Sealing works <input type="radio"/> Supervisor <input type="radio"/> Leading Hand <input type="radio"/> Forman
--	---	---



Application For Employment

OFFICE SKILLS:

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Payroll	<input type="checkbox"/> Tendering	<input type="checkbox"/> Account Receivable
<input type="checkbox"/> Web Browsing	<input type="checkbox"/> General Administration	<input type="checkbox"/> Estimator	<input type="checkbox"/> Account Payable

MECHANICAL ABILITY:

Please supply details of machines you can competently maintain or repair:

Equipment type	Details of Experience

TRAINING AND QUALIFICATIONS: (Please tick those which you currently have)

<input type="checkbox"/> Blue Traffic Controller Certificate <input type="checkbox"/> Yellow Traffic Controller Certificate <input type="checkbox"/> Orange Traffic Controller Certificate <input type="checkbox"/> Red Traffic Controller Certificate <input type="checkbox"/> Senior First Aid Certificate <input type="checkbox"/> Excavator Competency certificate	<input type="checkbox"/> RISI Certificate (RAIL) <input type="checkbox"/> Dangerous Goods Lic <input type="checkbox"/> Overhead Powerlines Certificate <input type="checkbox"/> Confined Space Certificate <input type="checkbox"/> Forklift Certificate <input type="checkbox"/> Bobcat Competency Certificate
---	--

OTHER TRAINING AND QUALIFICATIONS:

PERSONAL HEALTH:

Please answer the following questions regarding your Medical History:	Circle Answer	Please provide details
Have you any physical disability that may affect your performance for the job you have applied for?	Yes/No	
Have you any illness that may affect your performance for the job you have applied for?	Yes/No	
Are you prepared to undergo a pre-employment medical (including drug & alcohol screening)?	Yes/No	
Have you or are you taking any drugs that may hinder your performance for the job you have applied for?	Yes/No	
Are you being treated by a doctor for any illness or taking any medications for a medical condition	Yes/No	
Have you been hospitalised for an illness or had any operations?	Yes/No	
Have you any medical or surgical conditions?	Yes/No	
Is there a family history of any medical conditions?	Yes/No	
Have you ever been refused life insurance, disability insurance, employment or Military Service?	Yes/No	
Is there any reason why you cannot wear safety or protective equipment?	Yes/No	
Do you need to wear prescription glasses for your normal work? If so, do you have prescription safety glasses and side covers?	Yes/No	
Do you have diabetes?	Yes/No	
Do you have any known allergies?	Yes/No	
Have you had a hearing test in the past 12 months?	Yes/No	

PERSONAL HEALTH (cont):

Do you have or have you ever had any of the following:	Circle Answer	Please provide details
Lung problems / Asthma / Bronchitis?	Yes/No	
Suffered blood pressure or heart trouble?	Yes/No	
Fits / seizures, blackouts or persistent headaches / migraines?	Yes/No	
Joint problems / fractures or arthritis / rheumatism?	Yes/No	
Back or neck problems?	Yes/No	
Skin disorders / dermatitis?	Yes/No	
Repetitive strain / overuse injury?	Yes/No	
Mental or nervous troubles?	Yes/No	
Loss of hearing / ear infections	Yes/No	
Stomach problems / ulcers?	Yes/No	
Tuberculosis?	Yes/No	
Hepatitis / jaundice / trouble?	Yes/No	
A hernia?	Yes/No	

PERSONAL HEALTH (cont):

Do you have any difficulty with the following activities:	Circle Answer	Please provide details
Running 100 metres?	Yes/No	
Walking on rough ground?	Yes/No	
Kneeling?	Yes/No	
Standing for two hours?	Yes/No	
Turning your head rapidly	Yes/No	
Using hand tools?	Yes/No	
Concentrating for a length of time?	Yes/No	
Hearing a normal conversation?	Yes/No	
Climbing a ladder?	Yes/No	
Crouching?	Yes/No	
Sitting for two hours?	Yes/No	
Lifting or bending?	Yes/No	
Gripping firmly with both hands?	Yes/No	
Reading ordinary print?	Yes/No	
Repetitive movements of the hands or arms?	Yes/No	



Application For Employment

PERSONAL HEALTH (cont):

Have you had any exposure to any of the following in your past jobs?	Circle Answer	Please provide details
Loud noise / explosives / gunfire?	Yes/No	
Asbestos?	Yes/No	
Chemicals?	Yes/No	
Radiation?	Yes/No	
Dust?	Yes/No	

BEFORE SIGNING THE DECLARATION BELOW, PLEASE TAKE THE TIME TO REVIEW YOUR RESPONSES AND ENSURE ALL DETAILS ARE COMPLETE AND CORRECT.

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, medical and/ or police checks will be required and I will be notified if this applies to this application.

Name _____

Signed _____ Date: _____