

EMPLOYMENT APPLICATION FORM

JOB CLASSIFICATION

(Description – eg. Carpenter / labourer etc)	Requested Start Date (Office Use Only)
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PERSONAL DETAILS

Surname	Given Names
Home Address	
Home Phone No.	Mobile No.
Date of Birth	Email
Drivers Licence No. Are you a permanent resident of Australia? <input type="checkbox"/> Yes	

EMPLOYMENT HISTORY - Details of your last three employers are required below. If you have not been in employment for the past five years please state the reason why.

1. Name of Employer

Position Held Dates Employed

Projects

Supervisors Name Phone No.

Reason for Leaving

2. Name of Employer

Position Held Dates Employed

Projects

Supervisors Name Phone No.

Reason for Leaving

COMMITMENT TO PROJECT EHS OBJECTIVES

Are you prepared to commit to the following statements? (Tick your response where appropriate)

I will conduct myself in a professional manner at all times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will report all injuries and incidents to Management as soon as possible and follow correct procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will always adopt safe work practices and wear all necessary protective clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will not use a mobile phone during work hours for personal use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will only use tools for the purpose in which they are intended.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will take proper care of company tools & equipment and ensure they are checked each day prior to use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will not use a defective tool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will tag out any tool which is defective	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will not use any equipment which does not have the correct guards fitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to travel outside the Wollongong area for work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to work reasonable overtime if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to live away from home if required for a project to be completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL HISTORY

Do you have any medical conditions, physical disabilities or other reasons that could affect your work? If yes, provide details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you had a Workers Compensation Claim in the past? If yes, provide details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date		
Employer		
Details of Claim		
Period of Time		

Ticket / Qualifications / Skill

Required	Please Tick
Industry Induction Card (Green / Blue / White)	<input type="checkbox"/>
Manual Handling Training Ticket	<input type="checkbox"/>
Drug & Alcohol Awareness Training	<input type="checkbox"/>
Silica Dust Awareness Training & Asbestos	<input type="checkbox"/>

Preferred	
Forklift Ticket	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dogman	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scaffold Ticket	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telehandler Ticket (CN, C2, C6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
EWP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confined Space trained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working At Heights	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Traffic Control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tower Crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Truck Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jump Form Core Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to Read Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark & Form Stairs Conventional & Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conventional Beams & Slab Work as Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Columns System & Conventional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Walls System & Conventional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soffit Systems Erect & Strip RMD, DOKA & PERI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perimeter Screens	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stripping Formwork & Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clear Understanding of Safety Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patching / Repairs of concrete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scissor / Boom Lift Tickets	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Any Other (please specify) :</i>	

DECLARATION OF EMPLOYMENT

The information I have supplied is true and accurate. I give Formsite permission to contact past employers for the purpose of checking references.

I have not withheld any material information.

If I were to be successful with this application, I acknowledge that I may be subject to instant dismissal if:

- It is found that I have given false or misleading information at any stage during the application process

and / or

- I do not comply with the Company's Policies, including following safety procedures of work, correct use of all safety equipment and the wearing of suitable personnel protective equipment, clothing and footwear.

Name

Signature Date

Name of Witness

Signature Date