

Application for Employment

Please complete this form in as much detail as you can, as it will assist us in our assessment and improve your chances of successful employment and correct placement.

Section 1

1. Date: _____ 2. Position Sought: _____

3. Surname: _____ Other Names: _____

4. Address: _____ Phone: _____

5. Date of Birth: _____ 6. Age: _____

7. Next of kin (person to be notified in case of an emergency):

Name: _____ Relationship: _____ Phone: _____

8. Do you hold a current drivers licence?

What class of vehicle are you licensed to drive / operate?

9. Trade and / or other qualifications held: _____ *(please circle below)*

Metal Trades

Boilermaker YES NO

Welders

Class C10 YES NO

Class C11 YES NO

Class C12 YES NO

Class C13 YES NO

Class C14 YES NO

Painter YES NO

Blaster YES NO

Labourer YES NO

Material Handler YES NO

Other Tickets

WP Boom-type elevating work platform YES NO

White Card YES NO

Forklift YES NO

Traffic Control YES NO

10. Present Employer:

11. Previous Employment: *please list details of most recent jobs first*

Name of Employer	Employer Phone No.	Period of Employment From To	Job Title or Position	Reason for Leaving
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12. Work Experience: *Briefly describe the nature and extent of previous experience
e.g. type of jobs worked on, nature of work done etc.*

1. May we contact your previous employers for a reference?

YES

NO

2. Are you member of:

Number (*please write membership number*)

BIRST

C + BUS

CILSL

STA

OTHER SUPERANNUATION OR
REDUNDANCY FUND

Are you a member of a trade union or unions?

YES

NO

If YES, please provide name & number:

Are you currently a financial member of the union(s) mentioned?

YES

NO

PLEASE NOTE: You are not required to provide this information, and any decision to offer you employment, or the terms and conditions on which employment will be offered will not be affected in any way by your responses. The information is only sought for administrative purposes.

3. Are you prepared to work in country locations?

YES

NO

4. Are you prepared to undertake to work flexibly and across the full range of tasks for which you are reasonably capable?

YES

NO

5. Do you agree that you will work such overtime as required from time to time by the employer continuous with ordinary work or other scheduled overtime in order to complete a job on the day?

YES

NO

6. Do you accept that when you are working at a client's site, working in inclement weather will take place in accordance with the client's inclement weather arrangements?

YES

NO

7. Medical History:

You are requested to carefully consider your responses to these questions. The Company and you are both subject to stringent legal requirements pursuant to the Occupational Health, Safety and Welfare Act 1986 (S.A.) with respect to avoiding putting workers at risk. Failure to complete this section truthfully and completely may lead to instant termination of employment.

Do you have, or have you had, any of the following diseases or conditions?

Eye Disorder, trouble or problems with vision	YES	NO
Nasal trouble, sinus trouble	YES	NO
Ear disorder, deafness	YES	NO
Allergies	YES	NO
Skin trouble (dermatitis, eczema etc.)	YES	NO
Asthma	YES	NO
Heart disease or defect	YES	NO
Hernia (rupture)	YES	NO
Back problems	YES	NO
Diabetes	YES	NO
Dizziness, epilepsy or fits	YES	NO
Nervous or mental disorder	YES	NO
Back injury or strain	YES	NO
Shoulder injury or strain	YES	NO
Alcoholism or drug dependence	YES	NO
Spinal disorder, damaged discs	YES	NO
Any other disease, physical or mental injury	YES	NO

If YES, give brief details:

Attach extra sheets if necessary

DECLARATION

I agree that the above questions are fully understood by me and that the answers stated are true to the best of my knowledge, and if employed I undertake to observe all safety regulations and instructions from the employer.

I acknowledge that I will submit to drug and alcohol testing as part of my job application process and as required by the employer or its customers or clients at any time in the future.

Signature of Applicant: _____

Date: _____

EMPLOYER SECTION

Award wage: _____ Wage: _____

Date started: _____

Comments:
