

Application for employment form

Please complete the following application as fully as possible. The more information you can provide us with, the better we will be able to assess your application. Please print all information and sign and date where applicable.

First Name/s:				
Surname:				
Address:		Suburb:		Postcode:
Date of birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Telephone				
Home:		Mobile:		
Email address:				
Can confidential correspondence be sent to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Preferred contact method:				
<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Home phone	<input type="checkbox"/> Email	<input type="checkbox"/> SMS	<input type="checkbox"/> Any
Position applying for:				
EDUCATION AND TRAINING (including most recent courses first, include all courses including Secondary School, TAFE College, University, industry courses and certificates.)				
Dates		Full-time/ part-time	Institution	Standard reached/qualification obtained
From	To			

TICKETS, CURRENT LICENCES (e.g. Light truck, forklift) PLEASE ATTACH COPIES

Licence/ticket type	Licence/ ticket Class	Licence/ticket number and date of issue	Expiry Date
Drivers Licence			
Truck Licence			
General Safety Induction (Blue/White Card)			
First Aid			
Forklift Operation			
Elevated Work Platform			
HSR course (whsq-hsr- ncb01)			
CFMEU membership Number <i>(if applicable)</i>			
Other <i>(please specify)</i>			

Any further information you wish to provide (e.g. other interests, skills etc.)?

What are the reasons for applying for this position?

Are you prepared to wear safety and protective clothing? Yes No

Are you an Australian or New Zealand citizen or permanent resident? Yes No

If no, do you hold a current work visa? Yes No
If yes, a full copy of your Dept of Immigration Visa Grant Notification must be attached.

Visa number: Expiry Date:	Visa Class: Visa Sub-class:
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Under the *Migration Act 1958* (Cwlth) you must answer the question and produce documentation to confirm your eligibility to work legally in Australia. The employer may contact the Department of Immigration and Citizenship to verify eligibility to work in Australia.

Referees:

Please supply the name and telephone number of two work referees for the last five years of your work history. (If you have no work history to date, then please provide two personal referees, preferably from professional people, for example Doctor, Solicitor, Professor, Teacher, College Lecturer, Accountant, etc.)

Name:	Name:
Employer:	Employer:
Position:	Position:
Telephone number:	Telephone number:
Did you report to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you report to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this is a personal referee, please state the relationship to you:	If this is a personal referee, please state the relationship to you:
Have these referees agreed to us contacting them in relation to your application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current or last employer:	
Name and address of employer:	
Date of employment:	From <input type="text"/> To <input type="text"/>
Name of Manager/Supervisor:	
Is notice required to terminate employment from your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify required time period (e.g. 1 month)	
Nature of employer's business/industry:	
Positions held and brief description of duties:	
Reasons for leaving (or if currently employed, reason for desiring to leave):	

PAST EMPLOYMENT

Name and address of employer:

Date of employment:

From

To

Name of manager/supervisor:

Positions held and brief description of duties:

Reasons for leaving:

Name and address of employer:

Date of employment:

From

To

Name of manager/supervisor:

Positions held and brief description of duties:

Reasons for leaving:

Previous experience in Post-Tensioning including above employment (If Applicable):

Employers:

Years:

Months:

The information supplied by me is true and accurate. I give permission for you to contact past employers for references.

Applicant's signature:

PRE EMPLOYMENT HEALTH QUESTIONNAIRE (CONFIDENTIAL)

Applicant Consent:

I hereby consent to undertaking a pre-placement health questionnaire and, if deemed necessary, undertaking a Pre-employment medical Assessment with a nominated service provider. I further declare that the information I provide will be a true and correct account of my past and present medical history. I authorise the examining professional to make a recommendation to my prospective employer as to my suitability for the position. As a prospective employee, I understand that any incorrect or misleading statements or omissions may render me ineligible for the position.

I also authorise the nominated medical assessor to contact my doctor for further information if required for the purposes of this health questionnaire.

My personal doctors details are:

Doctors Name:

Doctors Telephone Number:

Applicant Information:

You are about to undergo a remote pre-placement questionnaire/medical assessment.

Are you in any way aware of any pre-existing injury or disease that may be affected by the nature of the proposed job? (Refer to attached List of duties)

Yes No

If yes, provide details:

.....
.....
.....
.....

Reminder: If you fail to disclose or make a false or misleading disclosure, any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury/disease may not entitle you to compensation.

MUSCULOSKELETAL HISTORY.

NECK

Have you ever injured or experienced pain in your neck?

Yes

No

If YES to any of the above, please answer the following:

Additional info:

Approximate date occurred

Consulted a medical practitioner? Yes No

Resulted in time off work? Yes No

Surgery required? Yes No

Ongoing problems? Yes No

BACK

Have you ever injured or experienced pain in your back?

Yes

No

If YES to any of the above, please answer the following:

Additional info:

Approximate date occurred

Consulted a medical practitioner? Yes No

Resulted in time off work? Yes No

Surgery required? Yes No

Ongoing problems? Yes No

SHOULDER, ELBOW, WRIST & HANDS

Have you ever injured or experienced pain in your shoulders, elbows, wrists or hands?

i.e. sprain/strain/fracture/tendonitis/epicondylitis/carpel tunnel syndrome etc.

Yes

No

If YES to any of the above, please answer the following:

Additional info:

Approximate date occurred

Consulted a medical practitioner? Yes No

Resulted in time off work? Yes No

Surgery required? Yes No

Ongoing problems? Yes No

HIPS, KNEES, ANKLES & LEGS

Have you ever injured or experienced pain in your hips, knees, ankles & legs?

i.e. sprain/strain/fracture/tendonitis etc.

Yes

No

If YES to any of the above, please answer the following:

Additional info:

Approximate date occurred

Consulted a medical practitioner? Yes No

Resulted in time off work? Yes No

Surgery required? Yes No

Ongoing problems? Yes No

FUNCTION HISTORY

ACTIVITIES

1. Do you have any pain or discomfort when lifting or handling heavy objects? Yes No

2. Do you have any knee pain when squatting or kneeling? Yes No

3. Do you have any back pain when bending forward or twisting? Yes No

4. Do you have any pain or difficulty when lifting objects above your shoulder height? Yes No

5. Do you have any pain when doing any of the following for PROLONGED PERIODS
(please tick the appropriate response)

Walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Squatting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Climbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kneeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bending	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

6. Do you have any pain when working with hand tools? Yes No

7. Do you experience any difficulty operating machinery? Yes No

8. Do you have any difficulty operating computer instruments? Yes No

9. Do you have any problems working in:

Hot dry conditions? Yes No
Humid conditions? Yes No
Cold conditions? Yes No
Wet conditions? Yes No

10. Do you problems working at heights? Yes No

11. Do you have difficulties travelling in a vehicle for longer than 20 minutes at a time? Yes No

12. Is there any reason why you cannot wear safety or protective equipment (e.g. Safety boots, ear muffs or plugs, gloves safety glasses or hard hat)? Yes No

13. Do you anticipate that you will require assistance, in the form of specific aids or task modification, in order to undertake the essential components of the job applied for? Yes No

If YES to any of the above, please explain:

DECLARATION AND INFORMATION CONSENT

1. Do you have any other medical, physical or health problems that you have *not* outlined within this questionnaire?

Yes No

If yes, please provide detail:

2. Do you foresee experiencing any physical, medical or health related difficulties performing the position you are applying for?

Yes No

If yes, please provide detail:

3. Do you foresee experiencing any physical, medical or health related difficulties undertaking the Pre-Employment Assessment if required?

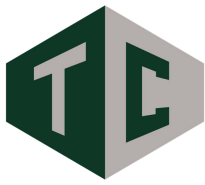
Yes No

If yes, please provide detail:

I declare that the answers and information given in this questionnaire are true and correct to the best of my knowledge and I have not willingly omitted any information. I understand that I may be dismissed immediately if it is found that I have given untruthful, inaccurate or misleading information.

Applicant's signature:

Date:



LIST OF DUTIES

CONSTRUCTION WORKER

Your duties may include the following:

1. Carry out tasks as directed.
2. Liaise with Supervisor, if required, to resolve problems prior to job start.
3. Mark Out anchor heights and spacings/cables.
4. Drill/cut out and fitment of anchors.
5. Mark Out beams and profiles.
6. Place duct
7. Place strand.
8. Onion, chair up and staple.
9. Watch concrete pour.
10. Conduct initial stress.
11. Conduct final stress.
12. Record extension. Send back to office for approval to cut and seal.
13. Cut and seal.
14. Grout.
15. Cut/ remove tubes.
16. Carry out additional tasks, as directed by Supervisor.
17. Ensure tool and equipment accountability and maintenance checks are carried out at the work site. Defective tools and equipment are to be tagged with a legible fault, date and signature.
18. Support the Company Safety Policy and communicate with the Construction Manager any issues requiring attention or improvement opportunities.
19. Ensure safety standards are met by adhering to the duties and responsibilities as documented in the Tensioned Concrete Safety Plan.
20. Ensure PPE supplied is always used.
21. Ensure the work area is clear of unused equipment or stores prior to leaving job site.