



## PERSONNEL APPLICATION FORM

| EMPLOYEE DETAILS |                                |                               |
|------------------|--------------------------------|-------------------------------|
| NAME             |                                |                               |
| ADDRESS:         |                                |                               |
| DATE OF BIRTH    |                                |                               |
| MOBILE           | HOME PHONE                     |                               |
| EMAIL:           |                                |                               |
| PAYSLIP VIA      | EMAIL <input type="checkbox"/> | POST <input type="checkbox"/> |

| LICENCES / CARDS |                    |               |
|------------------|--------------------|---------------|
| DRIVERS LICENCE  | D/L NUMBER #       |               |
| WHITE CARD       | WHITECARD NUMBER # |               |
| CBUS NUMBER #    | CTAS NUMBER #      | ACIRT NUMBER# |
| LSPLC NUMBER #   | TAX FILE NUMBER#   |               |

### TICKETS HELD

- |                                     |                                     |                                    |   |
|-------------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> LOADER     | <input type="checkbox"/> COMPACTOR  | <input type="checkbox"/> SCRAPER   | <input type="checkbox"/> CONFINED SPACES    |
| <input type="checkbox"/> DOZER      | <input type="checkbox"/> DUMP TRUCK | <input type="checkbox"/> EXCAVATOR | <input type="checkbox"/> FIRST AID          |
| <input type="checkbox"/> GRADER     | <input type="checkbox"/> SKID STEER | <input type="checkbox"/> BACKHOE   | <input type="checkbox"/> WORKING AT HEIGHTS |
| <input type="checkbox"/> WATER CART | <input type="checkbox"/> ROLLER     | <input type="checkbox"/> RIGGING   | <input type="checkbox"/> EWP                |

OTHER: \_\_\_\_\_

| BANK DETAILS   |  |
|----------------|--|
| BANK NAME      |  |
| ACCOUNT NAME   |  |
| BSB NUMBER     |  |
| ACCOUNT NUMBER |  |
|                |  |



## PERSONNEL APPLICATION FORM

| EMERGENCY CONTACT DETAILS |  |
|---------------------------|--|
| CONTACT 1                 |  |
| NAME                      |  |
| MOBILE NUMBER             |  |
| HOME PHONE NUMBER         |  |
| WORK NUMBER               |  |
| CONTACT 2                 |  |
| NAME                      |  |
| MOBILE NUMBER             |  |
| HOME NUMBER               |  |
| WORK NUMBER               |  |

| REFEREES                                |
|---|
| Please provide referees we can contact. |

|             |              |
|-------------|--------------|
| 1   COMPANY | CONTACT NAME |
| PHONE       | EMAIL        |
| COMMENTS    |              |
|             |              |

|             |              |
|-------------|--------------|
| 2   COMPANY | CONTACT NAME |
| PHONE       | EMAIL        |
| COMMENTS    |              |
|             |              |



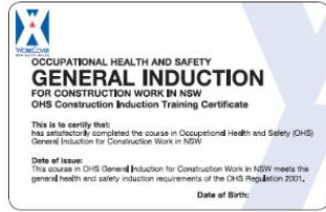

|             |              |
|-------------|--------------|
| 3   COMPANY | CONTACT NAME |
| PHONE       | EMAIL        |
| COMMENTS    |              |
|             |              |

### PERSONNEL APPLICATION FORM

|   |
|---|
| <b>CERTIFICATIONS</b>                   |
| Please provide referees we can contact. |

| Certification | Cert / Card Number | Issue Date | Expiry Date |
|---------------|--------------------|------------|-------------|
|               |                    |            |             |
|               |                    |            |             |
|               |                    |            |             |
|               |                    |            |             |
|               |                    |            |             |
|               |                    |            |             |
|               |                    |            |             |

|   |
|---|
| <b>EVIDENCE OF CERTIFICATIONS</b>       |
| Please provide referees we can contact. |

|   |   |
|---|---|
| <p><b>Front</b></p>  | <p><b>Back</b></p>  |
|                      |                     |



## PERSONNEL APPLICATION FORM

| PREVIOUS WORK HISTORY  |               |
|--|---------------|
| <b>1   COMPANY</b>   | POSITION HELD |
| FROM   | TO            |
| REASON FOR LEAVING   |               |
| <b>2   COMPANY</b>   | POSITION HELD |
| FROM   | TO            |
| REASON FOR LEAVING   |               |
| <b>3   COMPANY</b>   | POSITION HELD |
| FROM   | TO            |
| REASON FOR LEAVING   |               |
| <b>Have you ever had a Worker's Compensation Claim?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES please provide details).  |               |
|  |               |
|  |               |
| <b>Do you have any disabilities that would affect your work or performance in this industry?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES please provide details).                                   |               |
|  |               |
|  |               |
| <b>Do you have a history of any conditions, injury or illness that may affect your ability to carry out your daily work tasks?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES please provide details). |               |
|  |               |
|  |               |
| <b>Are you taking any regular medications?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES please provide details).   |               |
|  |               |
|  |               |
| <b>Does this medication have the potential to affect your ability to carry out your daily tasks?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If YES please provide details).                               |               |
|  |               |
|  |               |
| <b>SIGNED</b>  |               |
| SIGNATURE  | DATE          |



## **PERSONNEL APPLICATION FORM**