

APPLICATION FOR EMPLOYMENT

FAMILY NAME: _____	GIVEN NAME: _____	OCCUPATION: _____	DATE: _____
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- Ensure all sections are fully completed. A resume should be attached only if you think it will provide additional information, however, **all sections** of this form (including employment history) are still required to be completed in full.
- Attach photocopies of any supporting documentation (qualifications, certificates, trade papers, references etc.)
Do not attach originals.

SECTION 1 - POSITION APPLYING FOR

• Which positions/occupations are you applying for: 1) _____ 2) _____

• Is this your usual occupation? _____ Years Experience: _____

What type of work are you interested in? • Metro • FIFO • Local • Shutdowns

SECTION 2 - DETAILS OF APPLICANT

Family Name: _____ Given Name: _____ DOB: _____

Usual place of residence: _____ Post Code: _____

Mailing Address: (If different from the above residence) _____ Post Code: _____

Contact Phone Number: (____) _____ Mobile _____ Contact E-mail: _____

Drivers Licence No: _____ Expiry Date: _____ Class: _____

Next of Kin: _____ Relationship: _____

Address: _____ Phone Number: _____

Are you an Australian citizen? Yes No

If you are not an Australia citizen please attach details of the immigration visa permit which allows you to legally work in Australia.

Are you a Torres Strait or Aboriginal? Yes No

SECTION 3 – INDUSTRY TRAINING / CERTIFICATES OF COMPETENCY

Please indicate any certificates of competencies for the following:

1. Crane Operator

a) Non slewing mobile crane (CN) (greater than 3 tonnes capacity)

b) Slewing mobile crane: • Up to 20t (C2) • Up to 60t (C6) • Up to 100t (C1) • Open (C0)

c) Tower cranes (CT) What type and capacity have you operated?: _____

2. Hoist

a) Material Hoists (HM) (Cantilever Platforms) b) Personnel and Material (HP)

3. Scaffolding

a) Basic (SB) b) Intermediate (SI) c) Advanced (SA)

4. Rigging

a) Basic (RB) b) Intermediate (RI) c) Advanced (RA)

5. Dogging (DG)

6. First Aid

7. Elevated Work Platform (WP)

IMPORTANT Please attach photo copies of any national certificates, company "In house" certificates or training records or any documented experience

APPLICATION FOR EMPLOYMENT**SECTION 4 – TRADE QUALIFICATIONS**

Trade Qualification _____ Year Completed _____

Where did you complete your Trade Qualification? _____

Please attach a **photo copy** of any trade certificates issued.**SECTION 5 – OTHER TRAINING/INDUCTIONS**

Please indicate any current inductions that you may have:

1)	3)
2)	4)

DO YOU HAVE THE FOLLOWING:

MARCSTA NO: _____ DATE: _____

BLUE CARD NO: _____ DATE: _____

MINES HEALTH NO: _____ DATE: _____

PORTS CARD (MISC): _____ DATE: _____

WORKING AT HEIGHTS: YES / NO CONFINED SPACE: YES / NO

PILBARA IRON HSE: YES / NO PILBARA IRON – LOCKHOLDER: YES / NO

SECTION 6 – EMPLOYMENT HISTORYBeginning with your current or most recent employment history, please provide details of the **LAST FIVE YEARS**.

1 Company Name: _____ Telephone: _____

Position Held: _____ Name of Supervisor: _____

Employment Dates: From: _____ To: _____ Project / Location: _____

What were your main duties and responsibilities?

Reasons for leaving: _____

2. Company Name: _____ Telephone: _____

Position Held: _____ Name of Supervisor: _____

Employment Dates: From: _____ To: _____ Project / Location: _____

What were your main duties and responsibilities?

Reasons for leaving: _____

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EMPLOYMENT HISTORY IN BRIEF

Employer No	Company Name	Employment dates	Position	Location / Project	Contact & Phone No
3					
4					
5					

Do you object to us contacting your current employer? (This may hold up your application) YES NO

SECTION 7 – HEALTH –WRITE YES OR NO IN BOXES PROVIDED

Note: The information you provide in this section may be made available to the insurer in connection with any claim for workers compensation so it is important that your answers are correct. Section 79 of the Workers Compensation and assistance Act 1981 gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker had, at the time of seeking or entering employment, wilfully and falsely represented himself/herself as not having previously suffered from the disability, the subject of the claim for compensation. Any wilfully misleading or falsely represented information provided here may jeopardise any future claim and may also be an offence under the relevant accident compensation legislation.

1. Do you have any disability, condition or injury likely to or which may affect any aspect of your work performance which could be aggravated or accelerated as a result of the employment you seek?

2. Have you ever claimed workers compensation for any reason?

3. If "Yes" to question 2 above please provide details:

- Injury _____ Year _____ Time absent from work: _____
- Injury _____ Year _____ Time absent from work: _____
- Injury _____ Year _____ Time absent from work: _____

SECTION 8 - FITNESS FOR WORK

• It is important that you are medically fit to perform the duties associated with the occupation or position you are applying for. If requested do you agree to a confidential screen for illegal drugs) (Please Tick)

YES NO

• It is a Company policy to ensure employee's are not at risk from the effects of alcohol or drugs whilst at work. You will be subject to random Drug and Alcohol screenings. Do you object to this?

YES NO

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever had Back or Neck Pain? YES NO

Do you suffer for from any allergies? YES NO

Do you suffer from high blood pressure or heart problems? YES NO

Do you have Asthma? YES NO

Have you ever suffered from Fits / blackouts / seizures? YES NO

Do you have any joint problems / fractures? YES NO

Are you visually impaired? YES NO

Do you suffer from headaches or persistent Migraines? YES NO

Do you use any recreational drugs? YES NO

APPLICATION FOR EMPLOYMENT**SECTION 9 - GENERAL**

- From time to time it may be necessary to work unscheduled hours. How do you feel about this? _____
- Will you be willing to work away from home for up to 4 weeks at a time? _____
- Would you object to working on shifts? _____
- When it is necessary, would you object to working weekends? _____
- How can you help Freo Group ensure a high standard of safety is achieved and maintained? _____
- With respect to Project security measures, would you object to vehicle and baggage inspections? _____
- Do you smoke? _____

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CRANE SUPPLEMENT

DO YOU HAVE A WORKSAFE COMPETENCY CERTIFICATE:

YES

NO

What is the card number: _____

What tickets do you have, for example, CV, RA, etc:

How long have you had these tickets for?

What sites have you driven cranes / truck on?

What class driver's license do you have?

DO YOU HAVE EXPERIENCE WITH THE FOLLOWING: Please note how many hours or years on each item

CRANES **TYPE: All terrain / Rough** **Tonnes** **Years experience** **For Whom**

DEMAG				
LIEBHERR				
TADANO				
FRANNA / LINMAC				
TOM THUMB				
OTHERS				
OTHERS				

TRUCKS

TYPE

YEARS Experience

FLAT TOP		
TIP TRUCK		
WATER TRUCK		
HIAB		
PRIME MOVER		
OVERSIZE LOADS		
'B' TRAINS		
ROAD TRAINS		
LOW LOADERS		

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BEFORE SIGNING THE DECLARATION IN SECTION 10 BELOW, PLEASE TAKE THE TIME TO REVIEW YOUR RESPONSES AND ENSURE ALL DETAIL IS COMPLETE AND CORRECT.

SECTION 10 – DECLARATION

I certify that the answers, information and statements given on this form are correct and to the best of my knowledge. I understand the company reserves the right to verify all information. I further understand that any false or misleading detail will make this application invalid and if I am employed by Freo Machinery such falsifications or misinformation will be considered serious and may result in the termination of my employment.

Freo Machinery is becoming a Smoke Free employer in the future and we request that you assist us in this future plan for our company. Your employment with this company will be depend on your compliance to agree to this policy.

Signed

Date

PLEASE NOTE:

Freo Machinery holds all applications for a maximum of six months. If you wish to stay on our database you are required to inform us prior to the six months elapsing. The acceptance by the Company of this application form does not guarantee employment.