

## APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION					
Last Name:		First Name:		DOB:	
Street Address:				Apartment/Unit #	
City:		State:		Post Code:	
Phone (h):		Phone (m):			
Email Address:			Would you like pay advice delivered to this address?		YES <input type="checkbox"/>
					NO <input type="checkbox"/>
Emergency Contacts		1. Name:		Phone:	
		2. Name:		Phone:	
Date Available		From:		To:	
				If no finish date, insert N/A	
Position Applied for		1.		Project (if known):	
		2.		Project (if known):	
Are you a citizen of Australia?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
				If no, are you authorised to work in Australia?	
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
				If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
				If yes, explain	

EDUCATION					
High School:			Address:		
From:		To:		Did you graduate?	
				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
				Year Completed:	
Further Education (Eg trade):			Address:		
From:		To:		Did you graduate?	
				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
				Qualification:	

LICENCES AND TICKETS					
<i>Please tick where applicable</i>					
Current Drivers		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
				Class	
				State	
Riggers <input type="checkbox"/>		ID #		Scaffolding <input type="checkbox"/>	
				ID #	
Pink Ticket <input type="checkbox"/>		ID #		Crane (5) <input type="checkbox"/>	
				ID #	
PICOW <input type="checkbox"/>		ID #		Roller (RS) (4) <input type="checkbox"/>	
				ID #	
Back hoe (GS) <input type="checkbox"/>		ID #		Grader (GS) (5) <input type="checkbox"/>	
				ID #	
Skid Steer <input type="checkbox"/>		ID #		Dozer(GS)(5) <input type="checkbox"/>	
				ID #	
Concreting (2) <input type="checkbox"/>		ID #		Dump trucks (HS)(4) <input type="checkbox"/>	
				ID #	
				First Aid (50) <input type="checkbox"/>	
				ID #	
				Forklift <input type="checkbox"/>	
				ID #	

Other (please specify) <i>Please list names of each mobile plant license:</i>				
1.	ID #	2.	ID #	3.
			ID#	
<b>SKILLS AND EXPERIENCES</b>				
Steel Fixer	ID #	Form Worker	ID #	Trench Shoring
Concrete Finisher	ID #	Safety	ID #	Cert IV Risk Man
Confined Space	ID #	Blue Card	ID #	Other
<b>TRADES AND QUALIFICATIONS</b>				
Bricklaying	ID #	Mechanic	ID #	Steel Fixing
Carpentry & Joinery	ID #	Plumbing	ID #	Drainage
F + T	ID #	Electrician	ID #	Boilermaker
Concreting	ID #	Other	ID #	Other

<b>REFERENCES</b>	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

<b>PREVIOUS EMPLOYMENT</b>			
1. Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed: _____			

Previous Employment Continued.....				
2. Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:				
3. Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:				
4. Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:				
5. Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:				
6. Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Signed:				

**Previous Employment Continued.....**

7. Company		Phone	(    )
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Signed:	

Please provide any additional information to support your application:

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**INCAPACITY INJURY OR ILLNESS**

Do you have any illness or injury that would prevent you from fully carrying out the duties of the position for which you have applied?      YES       NO

If yes, please provide details, such as cause and extent of injuries:

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**FITNESS FOR DUTY**

Do you agree to undergo a pre-employment medical?      YES       NO

Do you have any medical condition which prevents you from wearing approved safety equipment such as – safety boots, eye & ear protection, hard hat etc?      YES       NO

Do you suffer any medical condition for which you either do, or are required to, control through medication?      YES       NO

If yes, please list details of conditions and any necessary medication:

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This position may require you to carry out tasks and duties where your safety and health of others are involved. Are you aware of any reasons why you may not be able to carry out these tasks and duties?      YES       NO

If yes, please list details of the reasons:

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**GENERAL PROJECT MATTERS**

From time to time additional overtime may be required to be worked. When requested, are you prepared to work reasonable amounts of overtime?      YES       NO

Would you be prepared to work shift work?      YES       NO

Are you prepared to work to the full extent of your competencies and capabilities?      YES       NO

To work site hours and/rosters as determined by the Contractor from time to time?      YES       NO

## EMPLOYMENT REQUIREMENTS

Are you prepared to:

Comply with all company, project and contractor site rules, safety rules and procedures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comply with the Force Recruitment Collective Agreement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are a smoker, comply with the contract terms and conditions that clearly restrict smoking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Wear, use, store and help maintain your personal protective equipment (PPE)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Only use mobile phones in designated areas of the project site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## PRIVACY

Personal information on this application for employment is collected solely for the purposes of establishing whether Force Recruitment Pty Ltd wishes to offer you employment. The information will only be disclosed to others in accordance with law or with your consent.

If you wish to access this personal information or update it please contact Force Recruitment Pty Ltd.

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that the information provided may be subject to verification.

Signature

Date

Please email completed form to:

[applications@forcerecruitment.com.au](mailto:applications@forcerecruitment.com.au)

or fax:

(07) 3897 6796