

**EMPLOYMENT APPLICATION**

**Personal Details:**

Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Town & Place of Birth: \_\_\_\_\_

Language/s spoken: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Qld Drivers Licence?  Yes  No Type: \_\_\_\_\_ No. \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever had a car accident, lost your Licence or had a serious traffic infringement? If so give details:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_

Are you prepared to work? (A)Shifts:  Yes  No (B)Overtime:  Yes  No

Financial CFMEU Union Membership?  Yes  No No. \_\_\_\_\_

B.U.S.S.Q. Superannuation? Or other  Yes  No No. \_\_\_\_\_

B.E.R.T. Redundancy:  Yes  No No. \_\_\_\_\_

C.I.P.Q. Income Protection Scheme:  Yes  No No. \_\_\_\_\_

Q-Leave Portable Long Service:  Yes  No No. \_\_\_\_\_

General Safety Induction completed?  Yes  No No. \_\_\_\_\_  
 (Only Blue or White Card accepted)

Date & Initials: \_\_\_\_\_

**EMPLOYMENT APPLICATION – PAGE 2**

**Education/Skills:**

EDUCATION: (Start at the most recent training or qualification and work back)

Year	School, TAFE, University, College	Qualification achieved

TRADE QUALIFICATIONS (if applicable)

Indenture Completed:       Yes       No

Employer: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Trade Qualifications: \_\_\_\_\_

Certificates of Competency, Statements of Attainment and other qualifications –  
Copies to be provided.

Date	Type of Qualification (eg Forklift Licence)	Area of Qualification (eg Forklift Operator)	Qualification Number

Other skills or experience: (eg use of Roadsaw/Wall Saw/Inverted Drilling etc)

\_\_\_\_\_

\_\_\_\_\_

Date & Initials: \_\_\_\_\_

**EMPLOYMENT APPLICATION – PAGE 3**

**Employment History:** Please complete all areas including the dates

1. Current or Last Employer: Position Held:	Contact Details: Name: Phone:
Period of Employment: ____ / ____ / ____ To ____ / ____ / ____	Reason/s for leaving:

2. Previous Employer: Position Held:	Contact Details: Name: Phone:
Period of Employment: ____ / ____ / ____ To ____ / ____ / ____	Reason/s for leaving:

3. Previous Employer: Position Held:	Contact Details: Name: Phone:
Period of Employment: ____ / ____ / ____ To ____ / ____ / ____	Reason/s for leaving:

5. Previous Employer: Position Held:	Contact Details: Name: Phone:
Period of Employment: ____ / ____ / ____ To ____ / ____ / ____	Reason/s for leaving:

Date & Initials: \_\_\_\_\_

**EMPLOYMENT APPLICATION – Page 4**

**Medical History:**

How would you describe your condition of health? \_\_\_\_\_

Do you participate in any sport?  Yes  No Details: \_\_\_\_\_

Do you have or have you ever had any disability or existing injury that would restrict your duties for the position being applied for?  Yes  No Details: \_\_\_\_\_

Have you ever suffered from or been treated for any of the following?

- |                      |  |                     |  |
|----------------------|--|---------------------|--|
| Epilepsy             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Soft Tissue Injury  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Allergies            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eye Injuries        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Arthritis           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Migraines            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fractures           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Disease        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Concussion          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Attack         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hernia              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High Blood Pressure  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Skin Conditions     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back Pain            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Asthma              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back/Neck Injury     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eye Injury          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sprains/Dislocations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work Related Stress | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing Problems     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drug Addiction      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Muscle Disorders     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alcoholism          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of the above please detail below and date occurred:

\_\_\_\_\_

\_\_\_\_\_

Will you undergo a medical & fitness assessment by a company doctor?  Yes  No

Have you ever received Workers' Compensation payments for any injury or disease or received sick/personal for any Loss Time Injury (LTI)?

Yes  No If Yes, please provide details including date, injury and time off work.

\_\_\_\_\_

\_\_\_\_\_

Date & Initials: \_\_\_\_\_

**EMPLOYMENT APPLICATION – PAGE 5**

I \_\_\_\_\_ the applicant listed on Page 1 of this application, certify that the answers and information given by me on Page 1. Personal Details, Page 2. Education/Skills, Page 3. Employment History and Page 4. Medical History of this employment application are true and correct in every detail.

I authorise a company representative to verify all details contained within the employment application including the Employment History on Page 3 of this application, and consent to them personally contacting all previous employers listed for the purpose of determining my suitability for employment.

I fully understand that if I do not disclose any existing or previous physical condition I may prejudice any compensation under the Workers Compensation Act (as amended from time to time) in the event of aggravation, acceleration, deterioration or recurrence of such condition.

I also declare that I have a full understanding of the English language sufficient to enable me to read and understand all necessary notices, procedures, instructions and safety signs.

I understand that completion and submission of this application does not constitute an offer of employment from Qld Concrete Drilling & Sawing and I will be notified in writing once my details have been verified.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please ensure all questions have been answered and all sections completed before submitting)