

Please fill in this form and attach copies of any references, qualifications or other achievements. If you need help to complete this form please ask our WHE staff.

PERSONAL DETAILS:

Please indicate the position you are applying for to ensure your application reaches its intended destination

POSITION(S) APPLYING FOR:

Title:		Preferred Name:	
Surname:		Given Names:	
Address:			
Suburb:		State:	Post Code:
Home Phone:		Mobile Phone:	
Email Address:			
Date of Birth:			
Are you an Australian Citizen?		Yes	No (Please circle)
If no, do you have a legal right to work in Australia? (You will be asked to provide proof of your right to work)		Yes	No (Please circle)

In an Emergency Contact:

Name:		Relationship:	
Address:			
Home Phone:		Mobile:	

MEMBERSHIP DETAILS:

Are you a member of:		
The LSL Corporation?	No Yes (Please Circle)	If Yes Member Number:
ACIRT (Redundancy)?	No Yes (Please Circle)	If Yes Member Number:
C+BUS (Superannuation)?	No Yes (Please Circle)	If Yes Member Number:
Union (Answering this question is optional)	Name:	Number:
Professional Association (Answering this question is optional)	Name:	

EDUCATION/QUALIFICATIONS (Please produce originals for copying)

Education Level/Qualification	Date Obtained

TICKETS/CERTIFICATES OF COMPETENCY (Please produce originals for copying)

Drivers Licence Type:	Number:	Expiry Date:
Ticket/Certificate	Certificate Number	Date Obtained

TRAINING (Please produce originals for copying)

Have you completed the Workcover General Induction?	No	Yes	(Please Circle)
If Yes Card Number: CGI			
Other training courses completed:			

EMPLOYMENT HISTORY

Current Employer	Position
Can we contact this employer?	No Yes (Please Circle)
Employed from _____ to _____	Ph:
Project or Address of Employer:	
Supervisors Name:	
Reason for leaving:	

Previous Employer	Position
Can we contact this employer?	No Yes (Please Circle)
Employed from _____ to _____	Ph:
Project or Address of Employer:	
Supervisors Name:	
Reason for leaving:	

Previous Employer		Position
Can we contact this employer? No Yes (Please Circle)		
Employed from _____ to _____		Ph:
Project or Address of Employer:		
Supervisors Name:		
Reason for leaving:		

Previous Employer		Position
Can we contact this employer? No Yes (Please Circle)		
Employed from _____ to _____		Ph:
Project or Address of Employer:		
Supervisors Name:		
Reason for leaving:		

REFEREES

Please list at least two people you have worked for that we can contact. You can also include one non-work referee.

1. Name:	
Position:	Company:
Work Ph:	Mobile:
2. Name:	
Position:	Company:
Work Ph:	Mobile:
3. Name:	
Position:	Company:
Work Ph:	Mobile:

EXPERIENCE AND SKILLS

In which of the following have you had experience?

	Last 2 years (Please tick)	Total years experience
Civil Construction Worker		
Carpenter		
Concreting		
General Labouring		
Grade Checking		
Pipe Laying		
Steel Fixing		
Survey		
Plant Operator		
Backhoe		
Bobcat		
Compactor		
Dozer: Type:		
Dump Truck		
Excavator: Type:		
Grader		
Loader		
Roller		
Scraper		
Quarry Worker		
Crusher		
Quarry Process		
Transport Worker		
Rigid Truck		
Truck and Dog		
Watercart		
Fleet Maintenance		
Mechanic – Trucks		
Mechanic - Plant		
Drainage		
Determining levels		
Install Pipes/drainage		

(Cont. next page)

APPLICATION FOR EMPLOYMENT

	Last 2 years (Please tick)	Total years experience
Other		
Estimating		
Management		
Project Management		
Supervision		
Subdivisions		

MEDICAL INFORMATION – (CONFIDENTIAL)

Do you have or have you suffered from:

Any back problems?	No	Yes	(Please Circle)	If yes give details:
Any other disability?	No	Yes	(Please Circle)	If yes give details:
Other health problems?	No	Yes	(Please Circle)	If yes give details:
Please state any existing medical conditions, known allergies and current medications: (e.g. asthma, diabetes, epilepsy, heart condition, sleep apnea)				
Do you have any physical disability that may affect your employment? No Yes (Please Circle)				
If yes give details:				
Have you in the past worn hearing protection? No Yes (Please Circle)				
If yes give details:				
Has a claim been made for Industrial Deafness? No Yes (Please Circle)				
If yes give details:				
Are you prepared to wear hearing protection? No Yes (Please Circle)				
If no give details:				
Have you ever had a work related injury or illness resulting in a Worker's Compensation Claim?				
No Yes (Please Circle) If yes, how many times? _____ (if more than one attach a sheet with full details)				
Please state the nature of the condition(s):				
How long were you off on Workers Compensation?				
Have you had a recurring condition following this or any other claim?				

DECLARATION

I UNDERSTAND THAT THIS IS A REGISTRATION OF INTEREST FOR EMPLOYMENT AND IS NOT AN OFFER OF EMPLOYMENT.

I DECLARE THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND I MAY BE TERMINATED IF I KNOWINGLY MAKE ANY FALSE OR MISLEADING STATEMENTS IN THIS FORM OR IN ANY FUTURE EMPLOYMENT DOCUMENTATION.

SIGNATURE: _____ DATE: _____
(Print Name and Sign)

Please have someone witness your signature to confirm your application.

WITNESS: _____ DATE: _____
(Print Name and Sign)

Please send your completed application form to one of the following:

Email: hr@woodburys.com.au

Fax: (02) 4930 3027

Mail: PO Box 2185 Green Hills NSW 2323