

# Application for Employment

Please complete this form in as much detail as you can, as it will assist us in our assessment and improve your chances of successful employment and correct placement.

## Section 1

1. Date: \_\_\_\_\_ 2. Position Sought: \_\_\_\_\_

3. Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

4. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ 6. Age: \_\_\_\_\_

7. Next of kin (person to be notified in case of an emergency):  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Do you hold a current drivers licence?  
What class of vehicle are you licensed to drive / operate?  
\_\_\_\_\_

9. Trade and / or other qualifications held: *(please circle below)*

### Scaffolding

|                             |     |    |  |
|-----------------------------|-----|----|--|
| Code: Scaffolding           |     |    |  |
| SB Basic Scaffolding        | YES | NO |  |
| SI Intermediate Scaffolding | YES | NO |  |
| SA Advanced Scaffolding     | YES | NO |  |

### Rigging

|                         |     |    |
|-------------------------|-----|----|
| Code: Rigging / Dogging |     |    |
| Dogging                 | YES | NO |
| RB Basic Rigging        | YES | NO |
| RI Intermediate Rigging | YES | NO |
| RA Advanced Rigging     | YES | NO |

**Crane or Hoist operation**

Code: Crane

|    |                                                   |     |    |
|----|---------------------------------------------------|-----|----|
| CT | Tower Crane                                       | YES | NO |
| CD | Derrick Crane                                     | YES | NO |
| CP | Portal Boom Crane                                 | YES | NO |
| CB | Bridge or Gantry Crane                            | YES | NO |
| CV | Vehicle Loading Crane                             | YES | NO |
| CN | Non-slewing Mobile Crane (over 3 tonnes capacity) | YES | NO |
|    |                                                   |     |    |
| C2 | Slewing Mobile Crane (up to 20 tonnes)            | YES | NO |
| C6 | Slewing Mobile Crane (up to 60 tonnes)            | YES | NO |
| C1 | Slewing Mobile Crane (up to 100 tonnes)           | YES | NO |
| C0 | Slewing Mobile Crane (open / over 100 tonnes)     | YES | NO |
| WP | Boom-type elevating work platform                 | YES | NO |

**Other Tickets**

|                 |     |    |
|-----------------|-----|----|
| White Card      | YES | NO |
| Forklift        | YES | NO |
| Traffic Control | YES | NO |

10. Present Employer:

11. Previous Employment: *please list details of most recent jobs first*

| Name of Employer | Employer<br>Phone No. | Period<br>of Employment<br>From            To | Job Title<br>or Position | Reason for<br>Leaving |
|------------------|-----------------------|-----------------------------------------------|--------------------------|-----------------------|
|------------------|-----------------------|-----------------------------------------------|--------------------------|-----------------------|

12. Work Experience: *Briefly describe the nature and extent of previous experience e.g. type of jobs worked on, nature of work done etc.*

1. May we contact your previous employers for a reference?

YES

NO

2. Are you member of:

**Number** (*please write membership number*)

BIRST

\_\_\_\_\_

C + BUS

\_\_\_\_\_

CILSL

\_\_\_\_\_

STA

\_\_\_\_\_

OTHER SUPERANNUATION OR  
REDUNDANCY FUND

\_\_\_\_\_

Are you a member of a trade union or unions?

YES

NO

If YES, please provide name & number:

\_\_\_\_\_

Are you currently a financial member of the union(s) mentioned?

YES

NO

PLEASE NOTE: You are not required to provide this information, and any decision to offer you employment, or the terms and conditions on which employment will be offered will not be affected in any way by your responses. The information is only sought for administrative purposes.

3. Are you prepared to work in country locations?

YES

NO

4. Are you prepared to undertake to work flexibly and across the full range of tasks for which you are reasonably capable?

YES

NO

5. Do you agree that you will work such overtime as required from time to time by the employer continuous with ordinary work or other scheduled overtime in order to complete a job on the day?

YES

NO

6. Do you accept that when you are working at a client's site, working in inclement weather will take place in accordance with the client's inclement weather arrangements?

YES

NO

**7. Medical History:**

*You are requested to carefully consider your responses to these questions. The Company and you are both subject to stringent legal requirements pursuant to the Occupational Health, Safety and Welfare Act 1986 (S.A.) with respect to avoiding putting workers at risk. Failure to complete this section truthfully and completely may lead to instant termination of employment.*

**Do you have, or have you had, any of the following diseases or conditions?**

|                                               |     |    |
|-----------------------------------------------|-----|----|
| Eye Disorder, trouble or problems with vision | YES | NO |
| Nasal trouble, sinus trouble                  | YES | NO |
| Ear disorder, deafness                        | YES | NO |
| Allergies                                     | YES | NO |
| Skin trouble (dermatitis, eczema etc.)        | YES | NO |
| Asthma                                        | YES | NO |
| Heart disease or defect                       | YES | NO |
| Hernia (rupture)                              | YES | NO |
| Back problems                                 | YES | NO |
| Diabetes                                      | YES | NO |
| Dizziness, epilepsy or fits                   | YES | NO |
| Nervous or mental disorder                    | YES | NO |
| Back injury or strain                         | YES | NO |
| Shoulder injury or strain                     | YES | NO |
| Alcoholism or drug dependence                 | YES | NO |
| Spinal disorder, damaged discs                | YES | NO |
| Any other disease, physical or mental injury  | YES | NO |

If **YES**, give brief details:

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**8. Work History:**

- |                                                             |     |    |
|-------------------------------------------------------------|-----|----|
| (a) Have you ever been involved in a Crane Accident?        | YES | NO |
| (b) Have you ever been on Work Cover?                       | YES | NO |
| (c) Have you ever had your tickets of Competency suspended? | YES | NO |

If **YES**, give brief details:

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**DECLARATION**

I agree that the above questions are fully understood by me and that the answers stated are true to the best of my knowledge, and if employed I undertake to observe all safety regulations and instructions from the employer.

I acknowledge that I will submit to drug and alcohol testing as part of my job application process and as required by the employer or its customers or clients at any time in the future.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**EMPLOYER SECTION**

Award wage: \_\_\_\_\_ Wage: \_\_\_\_\_

Date started: \_\_\_\_\_

Comments:

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