

APPLICATION FOR EMPLOYMENT

SECTION 1: PERSONAL DETAILS

Title: Mr Mrs Ms Miss

Surname: _____ First Name: _____

Middle Name: _____ Date of Birth: _____

Residential Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email: _____

Current Occupation: _____

Are you an Australian Resident? Yes No

Are you of Aboriginal or Torres Strait Islander descent (optional)? Yes No

SECTION 2: NEXT OF KIN DETAILS

Please provide next of kin details that can be contacted in the event of an emergency.

Surname: _____ First Name: _____ Relationship: _____

Address: _____

Suburb: _____ State: _____ Country: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

SECTION 3: EMPLOYMENT EXPERIENCE

Are you currently employed? Yes No If Yes, for how long?yearsmonths

Have you ever worked in the Construction Industry? Yes No If Yes, for how long?yearsmonths

SECTION 4: DISCIPLINES OF INTEREST

Please indicate which discipline(s) you are applying for:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Backhoe Operator | <input type="checkbox"/> Crane Operator 100t to 220t | <input type="checkbox"/> Leading Hand | <input type="checkbox"/> Scaffolder Intermediate |
| <input type="checkbox"/> Boilermaker | <input type="checkbox"/> Crane Operator >220t | <input type="checkbox"/> Project Administrator | <input type="checkbox"/> Scaffolder Advanced |
| <input type="checkbox"/> Concrete Pump Operator | <input type="checkbox"/> Document Controller | <input type="checkbox"/> Project Manager | <input type="checkbox"/> Site Superintendent |
| <input type="checkbox"/> Concrete Worker | <input type="checkbox"/> Dogger | <input type="checkbox"/> Rigger Basic | <input type="checkbox"/> Steelfixer |
| <input type="checkbox"/> Crane Operator up to 20t | <input type="checkbox"/> Formwork Carpenter | <input type="checkbox"/> Rigger Intermediate | <input type="checkbox"/> Storeperson |
| <input type="checkbox"/> Crane Operator 20t to 60t | <input type="checkbox"/> HSE Advisor | <input type="checkbox"/> Rigger Advanced | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Crane Operator 60t to 100t | <input type="checkbox"/> Labourer | <input type="checkbox"/> Scaffolder Basic | <input type="checkbox"/> Trades Assistant |

Other: Please nominate: _____

Relevant experience in discipline(s) applied for:months.....years

APPLICATION FOR EMPLOYMENT

SECTION 5: EDUCATION LEVEL ATTAINED

Name of organisation: _____ Date Completed:/...../..... State: _____

Please indicate relevant certificates/qualifications and **attach copies** with this application:

- | | |
|--|--|
| <input type="checkbox"/> High School Certificate | <input type="checkbox"/> Diploma Certificate |
| <input type="checkbox"/> Trade Certificate | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> TAFE Certificate | <input type="checkbox"/> Masters |

SECTION 6: HIGH RISK WORK LICENCE / WORKSAFE CERTIFICATE OF COMPETENCY

Do you have a High Risk Work License or Worksafe Certificate of Competency? Yes No Issue Date:/...../..... Expiry Date:/...../.....

Issue Number: _____ State: _____

Please indicate relevant qualification and **attach copies** with this application:

- | | |
|--|--|
| <input type="checkbox"/> DOGGING <input type="checkbox"/> DG – Dogging <input type="checkbox"/> RIGGING <input type="checkbox"/> RB – Basic Rigging <input type="checkbox"/> RI – Intermediate Rigging <input type="checkbox"/> RA – Advanced Rigging <input type="checkbox"/> SCAFFOLDING <input type="checkbox"/> SB – Basic Scaffolding <input type="checkbox"/> SI – Intermediate Scaffolding <input type="checkbox"/> SA – Advanced Scaffolding <input type="checkbox"/> FORKLIFT <input type="checkbox"/> LF – Forklift Truck Operation <input type="checkbox"/> LO – Order-picking Forklift Truck <input type="checkbox"/> CONCRETE PLACING BOOM <input type="checkbox"/> PB – Concrete Placing Boom Operation | <input type="checkbox"/> CRANE <input type="checkbox"/> CT – Tower Crane Operation <input type="checkbox"/> CD – Derrick Crane Operation <input type="checkbox"/> CN – Non-slewing Mobile Crane Operation (greater than 3 tonne) <input type="checkbox"/> CV – Vehicle-loading Crane Operation (greater than or equal to 10 tonne) <input type="checkbox"/> C2 – Slewing Mobile Crane Operation (up to 20 tonne) <input type="checkbox"/> C6 – Slewing Mobile Crane Operation (up to 60 tonne) <input type="checkbox"/> C1 – Slewing Mobile Crane Operation (up to 100 tonne) <input type="checkbox"/> C0 – Slewing Mobile Crane Operation (open/greater than 100 tonne) <input type="checkbox"/> CB – Bridge and Gantry Crane Operation <input type="checkbox"/> CP – Portal Boom Crane Operation <input type="checkbox"/> HOISTS <input type="checkbox"/> HM – Material Hoist Operation (Cantilever Platform) <input type="checkbox"/> HP – Hoist Operation (Personnel & Materials) <input type="checkbox"/> ELEVATING WORK PLATFORM (EWP) <input type="checkbox"/> WP – Boom-type Elevating Work Platform |
|--|--|

SECTION 7: FIRST AID QUALIFICATIONS

Do you currently hold a First Aid Certificate? Yes No Issue Number: _____ Expiry Date:/...../..... State: _____

Please indicate relevant qualification and **attach copies** with this application:

- | | |
|--|---|
| <input type="checkbox"/> Emergency First Aid | <input type="checkbox"/> Occupational First Aid |
| <input type="checkbox"/> Basic Workplace First Aid | <input type="checkbox"/> Industrial Health Care – ER / Emergency Response |
| <input type="checkbox"/> Senior First Aid | <input type="checkbox"/> Industrial Health Care – PM / Paramedic |
| <input type="checkbox"/> Workplace First Aid | <input type="checkbox"/> Industrial Health Care – OER / Offshore Emergency Response |
| <input type="checkbox"/> Remote Area First Aid | <input type="checkbox"/> Industrial Health Care – OP / Offshore Paramedic |

APPLICATION FOR EMPLOYMENT

SECTION 8: WELDING QUALIFICATIONS

Do you hold a current Welding Qualification? Yes No Issue Number: _____

Please indicate relevant qualification and **attach copies** with this application:

- | | | | |
|---|-------------|-------------------|-----------------|
| <input type="checkbox"/> STICK ELECTRODES (S.M.A.W.) | | | |
| <input type="checkbox"/> Structural <input type="checkbox"/> Pipe | Expiry Date |/...../..... | State Certified |
| <input type="checkbox"/> GAS SHIELDED FLUX CORED (F.C.A.W.) | | | |
| <input type="checkbox"/> Structural <input type="checkbox"/> Pipe | Expiry Date |/...../..... | State Certified |
| <input type="checkbox"/> SUB ARC WELDING (S.A.W.) | | | |
| <input type="checkbox"/> Structural <input type="checkbox"/> Pipe | Expiry Date |/...../..... | State Certified |
| <input type="checkbox"/> TIG WELDING (G.T.A.W.) | | | |
| <input type="checkbox"/> Structural <input type="checkbox"/> Pipe | Expiry Date |/...../..... | State Certified |

SECTION 9: MOBILE PLANT OPERATION

Are you qualified to operate Mobile Plant? Yes No Issue Number: _____ Date Completed:/...../.....

Please indicate the relevant qualification and **attach copies** with this application:

Mobile Plant Type

- | | |
|---|---|
| <input type="checkbox"/> Dozer Operator | <input type="checkbox"/> Grader Operator |
| <input type="checkbox"/> Dump Truck (Rigid or Articulated) Operator | <input type="checkbox"/> Roller Operator |
| <input type="checkbox"/> Excavator Operator | <input type="checkbox"/> Scraper Operator |
| <input type="checkbox"/> Front End Loader Operator | <input type="checkbox"/> Skid Steer Loader Operator |
| <input type="checkbox"/> Front End Loader / Backhoe Operator | <input type="checkbox"/> Water Cart Operator |
| | <input type="checkbox"/> Other |

SECTION 10: DRIVERS LICENCE INFORMATION

Drivers Licence? Issue Number: _____ Expiry Date:/...../..... State of Issue: _____

- | Class: National | Class: WA (Previous Equivalent) | Description: |
|------------------------------|---------------------------------|------------------------|
| <input type="checkbox"/> C | A | Car |
| <input type="checkbox"/> LR | H | Light Rigid |
| <input type="checkbox"/> MR | F | Medium Rigid |
| <input type="checkbox"/> HR | B | Heavy Rigid |
| <input type="checkbox"/> HC | C | Heavy Combination |
| <input type="checkbox"/> MC | | Multi Combination |
| <input type="checkbox"/> R-N | N | Moped |
| <input type="checkbox"/> R-E | L | Motorcycle (max 250cc) |
| <input type="checkbox"/> R | K | Motorcycle |

SECTION 11: CONSTRUCTION SAFETY AWARENESS CERTIFICATION

Do you hold a Blue Card?
(WA Construction Safety Awareness Training) Yes No Date Issued:/...../..... Issue Number: _____

Do you hold a MARCSTA?
(WA General Safety Induction – Mining) Yes No Date Issued:/...../..... Issue Number: _____

APPLICATION FOR EMPLOYMENT

SECTION 12: OTHER LICENCES / CERTIFICATES / QUALIFICATIONS / TRAINING

Other Relevant Qualifications? Yes No Issue Number: _____ Completed Date:/...../.....

Details: _____

SECTION 13: EMPLOYMENT HISTORY

Provide details of any previous employment within the last two years. Start with your most recent employment including current employer (if applicable). Please attach an additional sheet to this application if required.

Note that we may contact any previous employers to verify the details provided and determine suitability for employment.

Would you object to us contacting your current employer? Yes No

| | | |
|-----------|------------------------------|----------------------|
| 1. | Company Name: | Position Held: |
| | Name of Supervisor: | Contact Number: |
| | Employment dates: From: | To: |
| | Details of your main duties: | |
| | Location/Project: | Reasons for leaving: |
| 2. | Company Name: | Position Held: |
| | Name of Supervisor: | Contact Number: |
| | Employment dates: From: | To: |
| | Details of your main duties: | |
| | Location/Project: | Reasons for leaving: |
| 3. | Company Name: | Position Held: |
| | Name of Supervisor: | Contact Number: |
| | Employment dates: From: | To: |
| | Details of your main duties: | |
| | Location/Project: | Reasons for leaving: |
| 4. | Company Name: | Position Held: |
| | Name of Supervisor: | Contact Number: |
| | Employment dates: From: | To: |
| | Details of your main duties: | |
| | Location/Project: | Reasons for leaving: |

SECTION 14: HEALTH

Nino Constructions will not exclude applicants from employment with the company on the basis of previous claims for Workers Compensation. The information collected will be used to assist the company in placing successful applicants in suitable roles. Failure to declare previous claims may affect payment of future claims should false declarations (including declaring no previous claims) be made by the applicant.

Have you had any previous claims for Workers Compensation? Yes No

Commencement Date of Claim Length of Claim Particulars of Claim

| Commencement Date of Claim | Length of Claim | Particulars of Claim |
|----------------------------|-----------------|----------------------|
| | | |
| | | |

APPLICATION FOR EMPLOYMENT

SECTION 15: FITNESS FOR WORK

It is important that you be fit to perform the duties associated with the position that you are applying for.

Do you agree to undergo a full pre-employment medical assessment prior to an offer of employment?

Yes No

Nino Constructions has a fit for work policy which includes daily alcohol and random drug testing. Do you object to participating in this program if offered employment?

Yes No

Are you aware of any factors that may prohibit you from working at heights?

Yes No

Are you aware of any factors that may prohibit you from working in a confined space?

Yes No

SECTION 16: APPLICANT DECLARATION & SIGNATURE

I..... declare that the information provided above is correct to the best of my knowledge and that any information that I provide which is later identified to be false shall constitute grounds for termination of employment should my application be successful.

.....
Signature

...../...../.....
Date

Return this form to:

Nino Constructions Pty Ltd
PO Box 1247
MIDLAND WA 6936

Phone: (08) 9250 1977
Fax: (08) 9250 1238
Email: info@ninoconstructions.com.au