

TITLE: APPLICATION FOR EMPLOYMENT

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 Daracon staff. If you are registered, your local Job Network Provider or local AES would be happy to assist you.

IMPORTANT – PRIVACY STATEMENT

- Information requested within this application is needed to consider your suitability for the position applied for.
- If successful this information will be kept on your personal file and on the computer, available only to yourself, your Manager(s) and Human Resources Personnel.

<input type="checkbox"/> HEAD OFFICE 17 James Street Wallsend PO Box 299 Wallsend NSW 2287 Phone: 02 49037000 Fax: 02 49511070	<input type="checkbox"/> SYDNEY OFFICE 182 Adderley St West Auburn PO Box 6145 Silverwater NSW 1811 Phone: 02 8799 2600 Fax: 02 9748 2170	<input type="checkbox"/> HUNTER VALLEY OFFICE 2 Kime Road Mount Thorley PO Box 225 Singleton NSW 2330 Phone: 02 65740200 Fax: 02 6574 6740	<input type="checkbox"/> NORTH WEST REGION OFFICE 21 Martin Road Gunnedah PO Box 767 Gunnedah NSW 2380 Phone: 02 6742-4977 Fax: 02 6742-4877
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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 NSW Post Code: _____
 Telephone: () _____ (Home) _____ (Mobile) _____
 Email Address: _____
 Date of Birth: _____

Are you an Australian Citizen? Yes No
 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

In an Emergency Contact:
 Name: _____ Relationship: _____
 Address: _____
 Telephone: () _____ (Home) _____ (Mobile) _____

Optional – this information helps us know how well we are helping various groups into work.
 Are you an Aboriginal or Torres Strait Islander person? Yes No
 Do you come from a Non English speaking background? Yes No

MEMBERSHIP DETAILS:

Are you a member of?:

- the LSL Corporation No Yes If Yes Member Number: _____
- ACIRT (Redundancy) No Yes If Yes Member Number: _____
- C+BUS (Superannuation) No Yes 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 If Yes Card Number: CGI

Other training courses completed:

EMPLOYMENT HISTORY

Tell us about your work history for the last 5 years – start with your last job.

Current Employer: _____	Position: _____
Can we contact your current employer?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employed from: _____ to _____	Phone No: (_____) _____
Project or Address of Employer: _____ _____	
Supervisor's Name: _____	
Reason for leaving: _____	

Previous Employer: _____	Position: _____
Can we contact your current employer?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employed from: _____ to _____	Phone No: (_____) _____
Project or Address of Employer: _____ _____	
Supervisor's Name: _____	
Reason for leaving: _____	

Previous Employer: _____	Position: _____
Can we contact your current employer?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employed from: _____ to _____	Phone No: (_____) _____
Project or Address of Employer: _____ _____	
Supervisor's Name: _____	
Reason for leaving: _____	

Previous Employer: _____	Position: _____
Can we contact your current employer?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Employed from: _____ to _____	Phone No: (_____) _____
Project or Address of Employer: _____ _____	
Supervisor's Name: _____	
Reason for leaving: _____	

EXPERIENCE AND SKILLS

In which of the following have you had experience?

	Please tick (✓)	Last 2 years	Total years experience		Please tick (✓)	Last 2 years	Total years experience
Civil Construction Worker				Landscape Gardener/Labourer			
Carpenter: Formwork/Tradesman	<input type="checkbox"/>			Landscaping - Soft			
Concreting	<input type="checkbox"/>			Plant identification	<input type="checkbox"/>		
Demolition	<input type="checkbox"/>			Planting	<input type="checkbox"/>		
Dogman	<input type="checkbox"/>			Plant Setout	<input type="checkbox"/>		
General Labouring	<input type="checkbox"/>			Turf Maintenance	<input type="checkbox"/>		
Grade Checking	<input type="checkbox"/>			Turfing	<input type="checkbox"/>		
Pipe Laying	<input type="checkbox"/>			Propagation	<input type="checkbox"/>		
Plumber	<input type="checkbox"/>			Aborculture	<input type="checkbox"/>		
Rigger	<input type="checkbox"/>			Irrigation	<input type="checkbox"/>		
Scaffolding	<input type="checkbox"/>			Landscaping - Hard			
Steel Fixing	<input type="checkbox"/>			Carpentry	<input type="checkbox"/>		
Survey	<input type="checkbox"/>			Rock Edging	<input type="checkbox"/>		
Plant Operator				Sandstone	<input type="checkbox"/>		
Backhoe	<input type="checkbox"/>			Brickwork	<input type="checkbox"/>		
Compactor	<input type="checkbox"/>			Concreting	<input type="checkbox"/>		
Crane Driver	<input type="checkbox"/>			Timber Edging	<input type="checkbox"/>		
Dozer: Type: _____	<input type="checkbox"/>			Paved Surfaces			
Dump Truck	<input type="checkbox"/>			Sub-base preparation	<input type="checkbox"/>		
Excavator: Type: _____	<input type="checkbox"/>			Screeding and Laying	<input type="checkbox"/>		
Grader: Laser/Final Trim	<input type="checkbox"/>			Paving edging	<input type="checkbox"/>		
Loader – Track/Wheel	<input type="checkbox"/>			Fencing & Retaining Walls			
Roller	<input type="checkbox"/>			Dry Rock	<input type="checkbox"/>		
Scraper: Type: _____	<input type="checkbox"/>			Block	<input type="checkbox"/>		
Quarry Worker				Sandstone	<input type="checkbox"/>		
Crusher – Rock/Concrete	<input type="checkbox"/>			Log Wall	<input type="checkbox"/>		
Pugmill	<input type="checkbox"/>			Crib Wall	<input type="checkbox"/>		
Quarry Process	<input type="checkbox"/>			Timber & Brush Fencing	<input type="checkbox"/>		
Transport Worker				Foundations	<input type="checkbox"/>		
Articulated Truck	<input type="checkbox"/>			Drainage			
B-Double	<input type="checkbox"/>			Determining Levels	<input type="checkbox"/>		
Fuel Cart	<input type="checkbox"/>			Install pipes/drainage	<input type="checkbox"/>		
Hiab	<input type="checkbox"/>			Plant and Machinery			
Low Loader	<input type="checkbox"/>			Hydromulching	<input type="checkbox"/>		
Rigid Truck	<input type="checkbox"/>			Bobcat Operation	<input type="checkbox"/>		
Road Sweeper	<input type="checkbox"/>			Backhoe Operation	<input type="checkbox"/>		
Stemming Truck	<input type="checkbox"/>			Other			
Tilt Tray	<input type="checkbox"/>			Landscape Design	<input type="checkbox"/>		
Truck and Dog	<input type="checkbox"/>			Estimating	<input type="checkbox"/>		
Watercart	<input type="checkbox"/>			Management	<input type="checkbox"/>		
Fleet Maintenance				Project Management	<input type="checkbox"/>		
Auto Electrician	<input type="checkbox"/>			Supervision	<input type="checkbox"/>		
Mechanic – Trucks	<input type="checkbox"/>			Other:			
Spray Painter	<input type="checkbox"/>				<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

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: _____
Contact Numbers: _____ (Work) _____ (Mobile)

2. Name: _____
Position: _____ Company: _____
Contact Numbers: _____ (Work) _____ (Mobile)

3. Name: _____
Position: _____ Company: _____
Contact Numbers: _____ (Work) _____ (Mobile)

MEDICAL INFORMATION – (CONFIDENTIAL)

Do you or have you suffered from:

- any back problems? No Yes If Yes give details: _____
- any other disability? No Yes If Yes give details: _____
- other health problems? No Yes If Yes give details: _____
- Please state any existing medical conditions, known allergies and current medication/s?
[eg asthma, diabetes, epilepsy, heart condition, sleep apnoea]

- Do you have any physical disability that may affect your employment? No Yes
If Yes give details: _____
- Have you in the past worn hearing protection? No Yes
If Yes give details: _____
 - Has a claim been made for Industrial Deafness? No Yes
If Yes give details: _____
 - Are you prepared to wear hearing protection? No Yes
If No give details: _____
- Have you ever had a work related injury or illness resulting in a Worker's Compensation Claim?
No Yes If yes, how many times? _____ (If more than one attach a separate 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? No Yes

DECLARATION

ARE YOU PREPARED TO:

Follow the company safety rules and disputes procedure? No Yes Work to the best of your competence and capability? No Yes Have a medical, which includes a drug test? No Yes Follow our Smoking in the Workplace procedure? No Yes Let us contact former employers? No Yes **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)