



Piacentini & Son

EMPLOYMENT APPLICATION FORM

It is in your best interest to answer all of the following questions
 honestly and to the best of your knowledge

POSITION APPLIED FOR: DATE:	
PREFERRED LOCATION (circle):	SOUTH WEST / ENEABBA / CATABY / STRADBROKE / OTHER:
RESPONDING TO (circle):	NEWSPAPER / SEEK / AUSTRALIAN JOB SEARCH / WORD OF MOUTH / OTHER
IF CONSIDERED FOR EMPLOYMENT, WHEN COULD YOU COMMENCE WORK (date):	

PERSONAL DETAILS

(Ms/Miss/Mrs/Mr) SURNAME	
GIVEN NAME/S	
DATE OF BIRTH	MARITAL STATUS
TELEPHONE – HM OTHER	MOBILE
RESIDENTIAL ADDRESS POST CODE	TOWN
POSTAL ADDRESS POST CODE	TOWN
EMAIL	SKYPE ADDRESS

EDUCATION/QUALIFICATIONS

SCHOOL (Level Attained)			
TAFE COURSES (Successfully Completed)			
TRADE QUALIFICATIONS (Held)			
TRADE CERTIFICATES (Held)			
CURRENT DRIVER'S LICENSE (Circle One)	YES / NO	CLASS/S:	
FIRST AID CERTIFICATE	YES / NO	IS IT CURRENT?	YES / NO
CRANE TICKET	YES / NO	FORKLIFT	YES / NO
		AIR CON TICKET	YES / NO
MINE HEALTH SURVEILLANCE	YES / NO	MARCSTA	
	YES / NO		
POLICE CLEARANCE	YES / NO	OTHERS – LICENCES/TICKETS (Held)	

ADDITIONAL INFORMATION

PLEASE GIVE DETAILS OF ANY ADDITIONAL INFORMATION WHICH MAY STRENGTHEN YOUR APPLICATION.

EMPLOYMENT HISTORY – Details of current or most recent position

COMPANY NAME:	PHONE:
ADDRESS:	
POSITION HELD: TO:	FROM:
BRIEF DESCRIPTION OF JOB:	
SUPERVISORS NAME:	REASON FOR LEAVING:

COMPANY NAME:	PHONE:
ADDRESS:	
POSITION HELD: TO:	FROM:
BRIEF DESCRIPTION OF JOB:	
SUPERVISORS NAME:	REASON FOR LEAVING:

WORK REFEREES

NAME:	PHONE NUMBER:
POSITION:	
COMPANY NAME:	
ADDRESS:	

NAME:	PHONE NUMBER:
POSITION:	
COMPANY NAME:	
ADDRESS:	

EQUIPMENT CAPABILITIES

HAVE YOU HAD EXPERIENCE ON THE FOLLOWING MACHINES?

SCRAPERS:	YES / NO	MODEL:	TIME:
DOZERS:	YES / NO	MODEL:	TIME:
EXCAVATORS:	YES / NO	MODEL:	TIME:
FRONT END LOADERS:	YES / NO	MODEL:	TIME:
GRADERS:	YES / NO	MODEL:	TIME:
DUMP TRUCKS:	YES / NO	MODEL:	TIME:
OTHER (PLEASE SPECIFY):	YES / NO	MODEL:	TIME:

MEDICAL/HEALTH HISTORY

NOTE: DISCLOSURE OF MEDICAL CONDITIONS AND ILLNESSES IS COMPULSORY TO ENSURE YOU MEET YOUR LEGAL **DUTY OF CARE** AND TO ENABLE Piacentini & Son TO ACCURATELY ASSESS YOUR SUITABILITY FOR EMPLOYMENT. THIS IS DUE TO THE INHERENT DANGERS ASSOCIATED WITH DRIVING VEHICLES, HEAVY MACHINERY AND OPERATING TOOLS AND EQUIPMENT IF YOUR FITNESS FOR WORK IS COMPROMISED IN ANY WAY. INFORMATION IS TREATED CONFIDENTIALLY AND IN A NON DISCRIMINATORY MANNER.

THE DEPARTMENT OF CONSUMER EMPLOYMENT & PROTECTION &/OR EQUIVALENT STATE DEPARTMENT IN WHICH YOU WORK, CAN IMPOSE PENALTIES RANGING FROM \$5,000 – \$25,000 FOR NEGLIGENCE (IN THIS CASE NON DISCLOSURE) CAUSING SERIOUS HARM OR DEATH.

TICK YES OR NO TO THE FOLLOWING QUESTIONS

	YES	NO	IF YES GIVE DETAILS
Do you have any physical disabilities?			
Is there any defect in the sight of either eye? Are you colour blind?			
Have you any defect in hearing?			
Have you had any heart related complaints or Angina?			
Have you ever had high blood pressure? If so is this controlled by medication?			
Have you ever had an operation? If so pls give details.			
Have you ever suffered from back/neck or spinal problems? (Injury or pain)			
Have you ever had any previous injuries that may be aggravated as a result from operating Heavy Earthmoving Equipment?			
Have you ever had any neurological condition, Epilepsy, fainting or unexplained black outs? Note: If you are not sure what this question is asking, request assistance from the company Safety & Health Coordinator. Failure to disclose any history of a health condition that leads to partial or full loss of neurological function, will lead to your legal culpability for any incident caused by or contributed to these condition/s causing harm to others or significant financial losses.			
Have you ever suffered from depression or Anxiety?			
Have you ever had skin trouble (dermatitis)?			
Have you ever had stomach ulcers, gall stones or kidney disorders?			
Have you ever had, or been told by a Doctor that you have diabetes?			
Do you have any allergies?			
Have you ever had persistent headaches?			
Have you ever had or suffered from a sleep disorder?			
Do you suffer from any medical condition that may require urgent medical treatment?			
Have you ever had Asthma, Tuberculoses or Pleurisy?			
Have you ever had Rheumatics or Arthritis of any form?			

Have you ever had any ankle/knee injuries/pain any kind?			
Have you ever had wrist/elbow/Shoulder injuries/pain of any kind?			
Are you presently on any medication?			
Is your weight in excess of 110kg (this is the maximum SAFE weight rating of the seats fitted in all our machinery)			
Do you have any other illness or injury which you have not stated in the above questions?			

Do you have any condition/physical disability or other reason that could prevent you undertaking the following?

WORKING IN DUSTY/DIRTY CONDITIONS?	YES / NO
WORKING AT HEIGHTS?	YES / NO
WORKING IN HOT/HUMID CLIMATIC CONDITIONS?	YES / NO
WORKING IN STOOPED/CRAMPED POSITIONS?	YES / NO
HEAVY LIFTING ACTIVITIES?	YES / NO
LIVING IN CAMP ACCOMMODATION?	YES / NO

WORKERS' COMPENSATION/MOTOR VEHICLE ACCIDENT CLAIM/S

HAVE YOU EVER HAD A WORKERS COMPENSATION/MOTOR VEHICLE CLAIM FOR INJURY COMPENSATION BEFORE? YES / NO	
IF YES PLEASE GIVE DETAILS BELOW:	
INJURY SUFFERED:	
AMOUNT OF TIME OFF WORK:	
EMPLOYERS NAME:	DATE OF INJURY:

IMPORTANT

Section 79 of the Workers Compensation and Rehabilitation Act 1981 "Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable."

DECLARATION BY APPLICANT

I, _____ certify that the information supplied herein is true and correct and I understand that any false or misleading statements may result in my dismissal. I understand that it is a condition of employment that applicants **participate in a drug and alcohol screen prior to and during employment. Please refer to the fit for work policy for further details.** Also as I will be working on a mine site it is compulsory work attire that I wear long sleeve shirts and long pants. I understand that it is a smoke free workplace and agree to abide by Company Policy.

SIGNATURE

DATE
