



APPLICATION FOR EMPLOYMENT / EMPLOYEE RECORD

PERSONAL DETAILS

Surname:

Given Name(s):

Home address:

Postal address:

Email address:

Telephone: Mobile:

Date of Birth:

DIVISION YOU ARE APPLYING FOR

Construction Service Pipeline Technology Services Administration

POSITION YOU ARE APPLYING FOR

AVAILABILITY TO START WORK

IMMEDIATELY WEEKS NOTICE TO BE GIVEN FIRST DATE AVAILABLE

Are you legally entitled to work in Australia? Yes / No

Do you agree to undergo a medical examination before being offered a position Yes / No

Are you willing to work overtime and/or shift work when required? Yes / No

Are you prepared to work in country areas? Yes / No

Are you prepared to work interstate? Yes / No

Are you prepared to undertake training to improve your skills? Yes / No

Do you have any physical disability or medical condition which would affect your ability to do the job? Yes / No

If yes, please give details:

PREVIOUS EMPLOYMENT

Past Employers <i>Current or most recent first</i>	Contact name/phone	Position held	Employed		Reason for leaving
			From	To	
1					
2					
3					
4					

WORK EXPERIENCE

Briefly describe the nature and extent of your previous experience including types of jobs worked on and nature of work done

Other relevant experience and/or skills:

REFERENCES

Name/Position:

Phone:

Name/Position:

Phone:

DECLARATION

The questions above are fully understood by me and to the best of my knowledge the answers stated are true.

If employed, I understand that Smith Brothers Plumbing Group has the right to terminate my employment without notice should any of these statements I have made be found false in any way.

I hereby authorise Smith Brothers Plumbing Group to contact any of my former employers to obtain details from their records of my service, reasons for leaving and any other relevant information which they are able to supply.

Witnessed by:

Name:

Signed:

Date:

TRADE DETAILS (*Qualifications and certificates – copies to be provided before employment commences*)

Qualification/Competency	Licence/Registration No.	Date of Issue	Expiry/Retraining date	Copy Provided Y / N Date
REGISTRATION				
Plumbers				
Gas-fitting				
B Class Electrical				
Electrical Test/Tag				
Backflow testing				
Other <i>please specify</i>				
VEHICLE LICENCE				
Class				
Heavy Vehicle				
Car				
Other <i>please specify</i>				
MACHINE OPERATOR				
LB Backhoe				
LE Excavator				
LF Forklift				
LL Front End Loader				
LR Roller				
LS Skidsteer Loader				
WP Boom Type				
LZ Dozer				
Other <i>please specify</i>				
ELEVATED WORK				
Scissor lift				
Boom lift				
Other <i>please specify</i>				
OTHER				
Road Traffic Management				
Confined Space Entry				
Industry Safety Induction (Green Card)				
First Aid				
Other <i>please specify</i>				

EDUCATION DETAILS

High School

Name: _____ Yr of leaving: _____ Level achieved: _____

Further Education/Qualifications

Name: _____ Yr of leaving: _____ Level achieved: _____

University

Name: _____ Yr of leaving: _____ Level achieved: _____

Technical/Trade

Name: _____ Yr of leaving: _____ Level achieved: _____

Other

Name: _____ Yr of leaving: _____ Level achieved: _____

HEALTH HISTORY (All details must be completed when employment is offered.)

All details must be completed with full details of any previous Workcover and accident claims - include date, nature of claim, outcome of injury, injuries which resulted in hospitalisation.

Serious illnesses, injuries and disabilities

Detail:

Minor illnesses, injuries and disabilities

Detail:

Ongoing health conditions and treatment

Detail:

Workcover and accident claims:

Injury Type:

Date of Injury:

Where:

Were you hospitalised: Y / N

Which hospital:

How long for: from / / to / /

Workcover claimed: Y / N

Employer:

Nature of Claim:

Outcome of injury:

Current Status of Injury:

Extra Details:

Workcover and accident claims:

Injury Type:

Date of Injury:

Where:

Were you hospitalised: Y / N

Which hospital:

How long for: from / / to / /

Workcover claimed: Y / N

Employer:

Nature of Claim:

Outcome of injury:

Current Status of Injury:

Extra Details:

EMPLOYMENT DETAILS (All details must be completed when employment is offered.)

Commencement Date: _____ Position: _____
Bank Details: Bank: _____ Branch: _____
BSB No: _____ A/C No: _____
Confidentiality Agreement Signed _____ Date: _____
Tax File Number: _____
Superannuation Fund: _____
BIRST Registration No (if applicable): _____
Long Service Leave No (if applicable): _____

EMERGENCY CONTACT (All details must be completed when employment is offered.)

Name: _____ Relationship: _____
Address: _____
Phone: _____

DECLARATION

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Witnessed by:

Name: _____
Signed: _____
Date: _____

APPROVED FOR EMPLOYMENT (All details must be completed when employment is offered.)

Manager must approve application before employment is offered and commenced.

Manager: _____
Date _____
Signature _____