

APPLICATION FOR EMPLOYMENT

SECTION 1: PERSONAL DETAILS

Title: Mr Mrs Ms Miss

Surname:

First Name: Middle Name:

Date of Birth: 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: Post Code:

Home Phone: Mobile Phone:

Work Phone:

SECTION 3: EMPLOYMENT EXPERIENCE

Are you currently employed? Yes No If yes, how long? years months

Have you ever worked in the Construction Industry? Yes No If yes, how long? years months

SECTION 4: DISCIPLINES OF INTEREST

<input type="checkbox"/> Backhoe Operator	<input type="checkbox"/> Crane Operator (100-220t)	<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 (20-60t)	<input type="checkbox"/> HSE Advisor	<input type="checkbox"/> Rigger Advanced	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Crane Operator (60-100t)	<input type="checkbox"/> Labourer	<input type="checkbox"/> Scaffolder Basic	<input type="checkbox"/> Trades Assistant
<input type="checkbox"/> Other (please specify): <input type="text"/>			

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

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

Issue number: State:

Please indicate relevant qualification and attach copies with this application:

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

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SECTION 8: WELDING QUALIFICATIONS

DO YOU HOLD A CURRENT WELDING QUALIFICATION? Yes No Issue date:

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: <input type="text"/>	State Certified: <input type="text"/>
<input type="checkbox"/> GAS SHIELDED FLUX CORED (F.C.A.W.)	<input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry date: <input type="text"/>	State Certified: <input type="text"/>
<input type="checkbox"/> SUB ARC WELDING (S.A.W.)	<input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry date: <input type="text"/>	State Certified: <input type="text"/>
<input type="checkbox"/> TIG WELDING (G.T.A.W.)	<input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry date: <input type="text"/>	State Certified: <input type="text"/>

SECTION 9: MOBILE PLANT OPERATION

ARE YOU QUALIFIED TO OPERATE A MOBILE PLANT?

Yes No Issue number: Date completed:

Please indicate relevant qualification and attach copies with this application:

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

SECTION 10: DRIVERS LICENCE INFORMATION

DO YOU CURRENTLY HOLD A VALID DRIVER'S LICENCE?

Yes No Issue number: Expiry date: State:

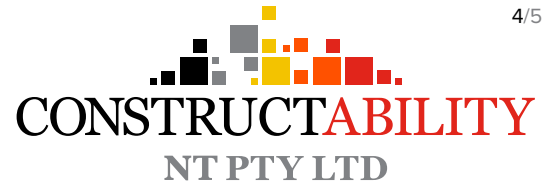
CLASS (NATIONAL)	CLASS NT (previous equivalent):	DESCRIPTION:
<input type="checkbox"/> C	A	Car
<input type="checkbox"/> LR	H	Light Rigid
<input type="checkbox"/> MR	F	Medium Rigid
<input type="checkbox"/> HR	B	Heavy Rigid
<input type="checkbox"/> HC	C	Heavy Combination
<input type="checkbox"/> MC		Multi 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 WHITE CARD?

Yes No Issue number: Date completed:

(NT Construction Safety Awareness Training)



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SECTION 12: OTHER LICENCES / CERTIFICATES / QUALIFICATIONS / TRAINING

OTHER RELEVANT QUALIFICATIONS? Yes No Issue number: Date completed:

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 DOCUMENTS 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:	<input type="text"/>	Position Held:	<input type="text"/>
	Name of Supervisor:	<input type="text"/>	Contact Number:	<input type="text"/>
	Employment dates:	From: <input type="text"/> To: <input type="text"/>	Duties Undertaken:	<input type="text"/>
	Location/Project:	<input type="text"/>	Reasons for leaving:	<input type="text"/>

2	Company Name:	<input type="text"/>	Position Held:	<input type="text"/>
	Name of Supervisor:	<input type="text"/>	Contact Number:	<input type="text"/>
	Employment dates:	From: <input type="text"/> To: <input type="text"/>	Duties Undertaken:	<input type="text"/>
	Location/Project:	<input type="text"/>	Reasons for leaving:	<input type="text"/>

3	Company Name:	<input type="text"/>	Position Held:	<input type="text"/>
	Name of Supervisor:	<input type="text"/>	Contact Number:	<input type="text"/>
	Employment dates:	From: <input type="text"/> To: <input type="text"/>	Duties Undertaken:	<input type="text"/>
	Location/Project:	<input type="text"/>	Reasons for leaving:	<input type="text"/>

4	Company Name:	<input type="text"/>	Position Held:	<input type="text"/>
	Name of Supervisor:	<input type="text"/>	Contact Number:	<input type="text"/>
	Employment dates:	From: <input type="text"/> To: <input type="text"/>	Duties Undertaken:	<input type="text"/>
	Location/Project:	<input type="text"/>	Reasons for leaving:	<input type="text"/>

SECTION 14: HEALTH

CONSTRUCTABILITY NT 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.

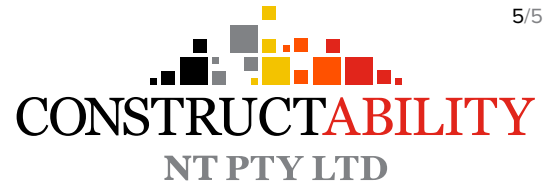
Have you had any previous claims for Workers Compensation? Yes No

Commencement Date of Claim: Length of Claim:

Particulars of Claim:

Commencement Date of Claim: Length of Claim:

Particulars of Claim:



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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

Constructability NT 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

APPLICATION FORM COMPLETE

PLEASE RETURN THIS FORM TO CONSTRUCTABILITY NT
VIA EMAIL: INFO@CONSTRUCTABILITYNT.COM.AU
VIA POST: LEVEL 1-PASPALIS CENTREPOINT
48-50 SMITH ST MALL DARWIN NT 0800