



07 4124 8777

**APPLICATION FOR EMPLOYMENT**

(Please attach your resume &amp; copy of drivers licence, traffic control licence and construction blue card)

<b>SURNAME:</b>	<b>First:</b>	
<b>STREET ADDRESS:</b>	<b>Date of Birth:</b>	<b>Gender:</b>
	<b>EMAIL:</b>	
<b>HOME PHONE:</b>	<b>MOBILE PHONE:</b>	
<b>Traffic Controller's Licence No &amp; Expiry:</b>	<b>Construction Blue Card No:</b>	
<b>Traffic Management L2 No:</b>	<b>Do you have reliable transport:</b>	
<b>Drivers Licence No &amp; Expiry:</b>	<b>Manual or Automatic Licence:</b>	
<b>Do you have a First Aid Certificate: Yes/No Level =</b>	<b>Description &amp; Expiry</b>	
<b>Have you had an Eye or Hearing Test: Yes/No</b>	<b>Certificate Provided: Yes/No</b>	
<b>What days &amp; hours are you available? Hours:</b>	<b>Days:</b>	
<b>When can you start?</b>	<b>Are you willing to travel or work out of town?</b>	
<b>EMERGENCY NOTIFICATION</b>		
<b>Surname:</b>	<b>First:</b>	
<b>Relationship to applicant:</b>		
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>
<b>TELEPHONE: Home:</b>	<b>Mobile:</b>	
<b>GENERAL QUESTIONS: (If you are a successful applicant you may be required to get a medical examination)</b>		
<b>Have you ever had or are suffering any of the following?: (If yes provide details below)</b>		
Arthritis or Rheumatism <input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Trouble or difficulty hearing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Back/neck trouble/joint aches & pains <input type="checkbox"/> Yes <input type="checkbox"/> No	Fits, fainting attacks or blackouts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chest pain/Heart trouble or Angina <input type="checkbox"/> Yes <input type="checkbox"/> No	High blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Rupture or hernia <input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sustained any workplace injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details:		
Have you ever been employed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when & reason for leaving)		
<b>Traffic Controllers must maintain a zero percent blood/alcohol concentration whilst performing traffic control functions.</b>		
<b>BANK AUTHORITY: (To be completed only if commencing employment)</b>		
<b>Bank Name:</b>	<b>Account Name:</b>	
<b>BSB:</b>	<b>Account Number:</b>	

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the director, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(To be completed if no resume attached)

Employment History (Start with most recent employer)	
Company Name:	
Address:	Telephone:
Date Started:	Date Finished:
Name of Supervisor or Contact:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:	
Reason for leaving:	
Company Name:	
Address:	Telephone:
Date Started:	Date Finished:
Name of Supervisor or Contact:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:	
Reason for leaving:	
Company Name:	
Address:	Telephone:
Date Started:	Date Finished:
Name of Supervisor or Contact:	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:	
Reason for leaving:	

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Signature \_\_\_\_\_ Date \_\_\_\_\_