

Vacancy details		<i>Completion of this application does not create an obligation for HBT to employ the applicant.</i>			
Position title:			Date of Application:		
Personal details					
Given name:			Family name:		
Email address:					
Mobile number:			Home Number:		
Address:					
Post code:			Date of Birth:		
Qualifications: put in licence number, class, course name/code, issue date – ATTACH ALL COLOURED COPIES					
Course and Licence Number / Ref		Issue date	Course and Licence Number / Ref		Expiry
MUTCD Traffic Controller Level 1 TC <input type="checkbox"/>					
MUTCD Traffic Controller Level 2 TMI <input type="checkbox"/>					
Construction Industry Safety Induction					
Drivers Licence: manual <input type="checkbox"/> or automatic <input type="checkbox"/> Class _____					
First Aid Training					
Other					
Availability: <i>Availability depending on client needs traffic Control is a 7 day a week operation and may involve night work</i>					
What days are you available to work? All <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/>					Days <input type="checkbox"/> Nights <input type="checkbox"/>
Do you have your own reliable transport? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you willing to travel to client locations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fitness for Work					
HBT has an obligation to provide a safe and healthy work environment. Due diligence requires that we can only offer employment to applicants who meet the physical and mental requirements of the TMR Controller Accreditation Scheme approved procedures .and can perform the tasks required to a high and safe health ability.					
Health <i>If you are a successful applicant you are required to get a medical / ear / sight examination annually and notify the company of any changes to your health status.</i>					
Have you ever had or are suffering or are currently suffering from any of the following?					
Health Issue	Y/N	Health Issue	Y/N	Health Issue	Y/N
Arthritis or Rheumatism		High blood pressure		Epilepsy /fits	
Back/neck trouble/joint pain		Fainting attacks or blackouts		Asthma	
Foot pain, shin splints /pain		Noise induced hearing loss		Diabetes	
Chest pain/Heart trouble /angina		Less than 6/12 visual acuity		Rupture/ hernia	
Any injury that impacts on ability to carry out the above role? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details					
Have you ever sustained any workplace injuries? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details					
Do your injuries limit the ability to stand for long periods of time without pain?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider yourself healthy and able to sustain long periods under heat stress conditions?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Notification:					
Surname:			First:		
Relationship to applicant:			Telephone:		Mobile:
Street address:		City:		State:	P/code:
General:					
Have you worked for the company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes reason for leaving?					

Employment History <i>start with the most recent employer - attach resume if available</i>	
Job Title:	
Started:	Finished:
Company:	
Address:	Phone number:
Contact/Referee:	May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>
Responsibilities:	
Job Title:	
Started:	Finished:
Company:	
Address:	Phone number:
Contact/Referee:	May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>
Responsibilities:	
Job Title:	
Started:	Finished:
Company:	
Address:	Phone number:
Contact/Referee:	May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>
Responsibilities:	
Training History <i>have you completed any additional training</i>	
Training Type:	Year completed:
Details:	
Would you consider doing any additional training? If so what would that training be?	
Please tell us in a few words why you like being a Traffic Controller and why do you want to work for this company?	
Pre-employment Checks	
<i>I authorise this company to investigate and verify any and all information provided. I understand that misrepresentation or omission of facts recorded on this employment application could result in termination or illegible for employment. I certify that this application was completed by me and all information given is true and correct.</i>	
Signature of applicant:	