

# FORM 1

## Application for Employment

### INFORMATION ON COMPLETING THIS FORM

1. Attach only photocopies of supporting documentation. Originals will not be returned to you.
2. Ensure all sections are completed and correct.
3. Initial each page
4. This is not an offer of employment and in no way guarantees employment.

### SECTION 1: PERSONAL DETAILS

FAMILY NAME:.....

DATE OF BIRTH: / /

GIVEN NAME: ..... MIDDLE NAME: .....

RESIDENTIAL ADDRESS: .....

SUBURB: ..... POST CODE: .....

CONTACT PHONE NO:..... MOBILE: .....

OCCUPATION: .....

DRIVERS LICENCE NO: ..... STATE: ..... EXPIRY: / / CLASS:.....

ARE YOU AN AUSTRALIAN RESIDENT? YES  NO

If you are not an Australian Resident please attach the Visa documentation that allows you to work in Australia.

NAME OF PERSON TO CONTACT IN EMERGENCY: .....

RELATIONSHIP TO APPLICANT: .....

ADDRESS: .....

SUBURB: ..... POST CODE: .....

CONTACT PHONE NO: ..... MOBILE: .....

### SECTION 2: POSITION APPLIED FOR

Please select the position(s) you are interested in

#### Job Description

- |                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Labourer | <input type="checkbox"/> Dogger         | <input type="checkbox"/> Boilermaker |
| <input type="checkbox"/> Rigger   | <input type="checkbox"/> Crane Operator | <input type="checkbox"/> Supervisor  |
| <input type="checkbox"/> Other:   |   |                                      |

### SECTION 3: QUALIFICATIONS AND TRAINING

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Blue Card            | <input type="checkbox"/> EWP  | <input type="checkbox"/> Hand Tools      |
| <input type="checkbox"/> Rigger Basic         | <input type="checkbox"/> WAH  | <input type="checkbox"/> Whistle Signals |
| <input type="checkbox"/> Rigger Intermediate  | <input type="checkbox"/> Forklift   |  |
| <input type="checkbox"/> Rigger Advanced      | <input type="checkbox"/> CN <input type="checkbox"/> C2 <input type="checkbox"/> C6 <input type="checkbox"/> C0 |  |
| <input type="checkbox"/> Other (please state) |   |  |

Initials

**SECTION 4: TRADE QUALIFICATIONS (if applicable)**

Trade Qualification.....

Year of Completion: .....

Where did you complete your Trade Qualification? .....

**SECTION 5: SUPERVISORY EXPERIENCE (if applicable)**

Provide information relating to experience, training and competency assessments in supervisory roles (leading hand, supervisor etc.)

.....  
.....  
.....

**SECTION 6: EMPLOYMENT HISTORY**

Resume Supplied

Provide employment details for last five years. If resume attached, move to section 7.

1. Company Name:..... Phone Number: .....  
Position Held: ..... Your Supervisor: .....  
Employment: From: ..... To:.....  
Your Main Duties and Responsibilities Were .....  
.....  
Location/Project: ..... Reason for Leaving: .....

2. Company Name:..... Phone Number: .....  
Position Held: ..... Your Supervisor: .....  
Employment: From: ..... To:.....  
Your Main Duties and Responsibilities Were .....  
.....  
Location/Project: ..... Reason for Leaving: .....

3. Company Name:..... Phone Number: .....  
Position Held: ..... Your Supervisor: .....  
Employment: From: ..... To: .....  
Your Main Duties and Responsibilities Were .....  
.....  
Location/Project: ..... Reason for Leaving: .....

4. Company Name:..... Phone Number: .....  
Position Held: ..... Your Supervisor: .....  
Employment: From: ..... To:.....  
Your Main Duties and Responsibilities Were .....  
.....  
Location/Project: ..... Reason for Leaving: .....

Initials

## SECTION 7: INCAPACITATING INJURY OR ILLNESS

Have you had, or do you currently have, a medical condition which may prevent you from performing the role for which you have applied? YES  NO

Are any modifications to the role required in order for you to perform it safely? YES  NO

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## SECTION 8: EMPLOYMENT REQUIREMENTS

Pioneer Rigging Services has high standards of Occupation Health, Safety & Environment management. It is important to observe rules and requirements. **Are you prepared to:**

- Comply with all Company and Project and Builders Site Rules and Procedures? YES  NO
  - If you are a smoker, comply with the terms and conditions that clearly restrict smoking on certain job sites? YES  NO
  - Wear, use and help maintain your PPE (personal protective equipment)? YES  NO
  - Only use mobile phones in designated areas of the Project Site? YES  NO
- 

## SECTION 9: GENERAL CONTRACTOR/PROJECT MATTERS

- Are you prepared to work a reasonable amount of overtime as required? YES  NO
  - Are you prepared to perform either afternoon or night shift work upon requirement? YES  NO
  - Are you prepared to work to the full extent of your competencies & capability? YES  NO
- 

## SECTION 10: FIT FOR WORK

It is important that you be medically fit to perform the duties associated with the position(s) you are applying for.

Do you agree to undergo a Drug & Alcohol screening? YES  NO

Will you participate in random Drug and Alcohol Testing Program? YES  NO

Is there any medical condition or other reason to prevent you working safely at heights or in confined spaces? YES  NO

**Please Note: It is a pre-condition of your application for employment that you provide details of any and all relevant medical conditions or history and consent to undertake medical assessments as may be deemed necessary.**

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Initials

**SECTION 11: ADDITIONAL INFORMATION**

If you wish to add any additional information or comments to support your Application, please use the space below:

.....  
.....

**SECTION 12: PRIVACY**

This information is being collected for and on behalf of the Employer for the purpose of assessing your prospective employment with this Employer only. If you do not provide all of the information requested, it is unlikely your application for employment will be considered.



**BEFORE SIGNING THE DECLARATION BELOW, PLEASE TAKE TIME TO REVIEW ALL OF YOUR RESPONSES AND ENSURE ALL DETAILS THAT YOU HAVE PROVIDED ARE COMPLETE AND CORRECT.**

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**SECTION 13: SIGNED CONSENT**

I certify that the answers, information and statements made in this Application Form are correct and to the best of my knowledge. I understand this information may be subject to verification. I understand that any false or misleading detail may render this application invalid. If discovery of such falsification or misinformation will be considered a serious matter and may result in my removal from the relevant job site and/or termination of employment.

**SIGNED:** ..... **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**CHECK YOUR APPLICATION**

Have you attached copies of the following documents?

- driver's license – front and back
- Tickets
- Trade Qualification
- Resume
- Medical Clearances

Have you?

- Initialed each page
- Signed your application

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