

APPLICATION FOR EMPLOYMENT WITH WOLFE CIVIL PTY LTD

WOLFE CIVIL PTY LTD

ABN 48 097 157 947

161 Chisholm Crescent
KEWDALE WA 6105
Telephone: (08) 9359 1622
Facsimile (08) 9359 1633



CONFIDENTIAL

Please fill in this form personally and attach copies of any references, qualifications or other achievements which support your application.

IMPORTANT- PRIVACY STATEMENT

- Information requested within this application is required for the purpose of considering your suitability for the position for which you are applying.
- Should your application be successful this information will be kept on your personal file and an electronic database available only to yourself, your Manager(s) and Human Resource Personnel. An exception will be made only where an emergency exists and contact details are required.

Name:

Date:

Position Applying For:

Full time or casual:

PERSONAL INFORMATION

Title: Mr, Mrs, Ms, Miss

Surname:

First Names:

What is your preferred name:

Address:

.....

Telephone Number: Home Work

Date of Birth: Marital Status:.....

Next of Kin:

Name:

Address:

Phone: Relationship:

ELIGIBILITY TO WORK IN AUSTRALIA

Are you an Australian Resident? Yes No

OR

Do you hold a current work permit / visa? Yes No

Visa No: Expiry Date:

DRIVERS LICENCE

Do you hold a current Australian drivers licence? Yes No

Please supply a photocopy before proceeding

If yes, in what categories?

Licence number:

Licence expiry date:

WHAT EDUCATION HAVE YOU RECEIVED?

Last School/College Attended:
Highest Form Reached:
Highest Qualification Gained:
Subjects:
.....

OTHER QUALIFICATIONS

Please list any qualifications, certificates or courses attended and the year completed.

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

CURRENT TRAINING

Are you currently learning any new skills through correspondence courses, night classes or any other training programs?

.....
.....

WHAT OTHER SKILLS DO YOU HAVE WHICH COULD BE USEFUL IN THIS JOB?

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

HOBBIES/INTERESTS/SPORTS/COMMUNITY INVOLVEMENT

What do you do in your spare time which may be relevant to this position?

.....

EMPLOYMENT HISTORY

Do you have Certificates in any of the Qualifications below?
Or if experience ONLY please write experience.

	CARD #	EXPIRY DATE
BLUE/ WHITE CARD		
SENIOR FIRST AID		
BASIC WORKSITE TRAFFIC MANAGEMENT		
PVC PIPELAYING		
WA GAS NETWORKS -CCF GAS PIPELAYING CT ACCREDITATION		
WESTERN POWER CABLE LAYING		
DOGGING TICKET		
EXCAVATOR OPERATOR		
FRONT END LOADER OPERATOR		
WATER CART OPERATOR		
ROLLER OPERATOR		
GRADER OPERATOR		
OTHER PLANTS OPERATOR		
QUICK CUT POWER SAW SAFETY		
CONFINED SPACE TICKET		
WORKING AT HEIGHTS		
DUMPY LEVEL TRAINING		
SUPERVISORY MANAGEMENT		
ENGINEERING		
WORKPLACE HEALTH & SAFETY		
GOLD CARD (Cert III in Construction Plant)		
LIFTS, CRANES & FORKLIFTS		
SAFETY SERVICES		
PLUMBING CERTIFICATE		
ACCESS NETWORK SAFETY		
CONSTRUCTION SKILLS		
BASIC WELDING		
BRICKLAYING		
UNDERGROUND POWER		

Where did you work last or where do you work at present?

Employer:

Position held:

Dates Employed: From To

Duties:

.....

Previous Employment:

List in date order your three most recent jobs, other than your present employment.

1. **Employer:**

.....

When was this? From To

What were your main duties?

.....

.....

Why did you leave?

.....

2. **Employer:**

.....

When was this? From To

What were your main duties?

.....

.....

Why did you leave?

3. **Employer:**
.....

When was this? From To

What were your main duties?
.....
.....

Why did you leave?
.....

REFEREES

Please list at least two people you have worked for that we can contact. You can also include one non work referee if you wish.

1. Name:.....
Position:
Company: Phone:

REFEREES

2. Name:.....
Position:
Company: Phone:

3. Name:.....
Position:
Company: Phone:

I consent to the Wolfe Civil Pty seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released, by those contacted, to Wolfe Civil Pty Ltd for the purposes of ascertaining my suitability for the position I am applying for.

If you consent to this **Sign:** **Date:**

OTHER INFORMATION

When could you commence employment?

TELL US ABOUT YOURSELF

Please write a brief passage describing why you would like to work for Wolfe Civil Pty Ltd and why you think you will be good at the job you have applied for.

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

HEALTH

Do you have any medical history, physical condition or recurring illness or injury which may affect your performance of the inherent requirements of this job?

If yes please give details.

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

Have you ever had a Workers Compensation Claim?

If yes please give details.

.....

.....

Date of Claim:

Employer Name:

Period of Absence:

Has there been a recurrence of the disability relating to this claim?

If yes please give details.

.....

.....

- We may require all applicants to have a health assessment, which may include testing for illicit drugs, prior to employment being confirmed.
- Applicants are advised that Wolfe Civil Pty Ltd has a Smoke Free Policy. Smoking in Wolfe Civil Pty Ltd offices and vehicles is prohibited.
- It is a legal requirement that all drivers of Wolfe Civil light vehicles have a current valid Drivers Licence. Due to the current Hoon Laws that require a vehicle being driven by a driver whose Drivers Licence is suspended/ cancelled be impounded, we require you to acknowledge below that your licence is current and not under suspension.

I hereby declare that my licence is current and I have not had it suspended. I further agree that if I should drive a Wolfe Civil vehicle while my licence is suspended, I will pay all costs associated with a Wolfe Civil vehicle being impounded, such as all fees to be paid in order to release the vehicle and cost of a replacement vehicle for the period of impoundment if necessary.

Signature:

Date:

PRE-EMPLOYMENT MEDICAL ASSESSMENT QUESTIONNAIRE

EMPLOYEE NAME: DATE OF BIRTH:

Please answer the following questions regarding your Medical History.		Do you have any difficulty with the following activities?	
Are you being treated by any doctor for any illness or taking any medications for a medical condition that Wolfe Civil management need to be aware of in the case of an emergency?	Yes / No	Running 100 meters	Yes / No
		Walking on rough ground	Yes / No
Have you ever tested positive in any workplace drug & alcohol-screening test?	Yes / No	Kneeling	Yes / No
Have you any current medical or surgical condition that may affect your ability to carry out the position you have applied for?	Yes / No	Standing for two hours	Yes / No
Do you have any Medical Condition(s) that need to be monitored regularly, or medical issues your employer needs to be made aware of to ensure your safety and fitness for work.	Yes / No	Turning your head rapidly	Yes / No
		Using hand tools	Yes / No
Is there any reason why you cannot wear safety or protective equipment? <ul style="list-style-type: none"> • Safety Glasses • Safety Vest • Hard Hat 	Yes / No	Concentrating for any length of time	Yes / No
		Hearing a normal conversation	Yes / No
Do you need to wear glasses for your normal work? If so, do you have prescription safety glasses?	Yes / No	Climbing any ladders	Yes / No
Have you had any time off work (more than 3 days at one time) in the last year?	Yes / No	Crouching / Squatting /	Yes / No
Do you have Diabetes? Do you have any known occupational allergies?	Yes / No Yes / No	Sitting for two hours	Yes / No
		Lifting or bending	Yes / No
Do you have or have you ever had any of the following?		Gripping firmly with one or both of your hands	Yes / No
Lung Problems/Asthma/Bronchitis	Yes / No	Reading ordinary print / text	Yes / No
Suffered Blood Pressure or Heart Trouble	Yes / No	Repetitive movements of the hands or arms	Yes / No
Fits/Seizures/Blackouts or Persistent Headaches/Migraines	Yes / No	Do you understand English and can you read Safety Signs	Yes / No
Joint Problems/Fractures or Arthritis/Rheumatism	Yes / No	Have you had any exposure to the following in your past jobs?	
Back (spine) or neck problems	Yes / No	Loud noise / explosives	Yes / No
Any medical condition that prevents you from undertaking manual handling activities?	Yes / No	Chemicals	Yes / No
Repetitive Strain/Overuse Injury	Yes / No	Have you worked in prescribed noise workplaces?	Yes / No
Mental or nervous troubles	Yes / No	Have you had a hearing test in the last 12 months?	Yes / No
Loss of hearing/ear infections	Yes / No		
Stomach Problems/Ulcers	Yes / No		
Do you have or have you ever had any of the following?			
Tuberculosis?	Yes / No		
Any strain of Hepatitis/Jaundice/Liver Trouble?	Yes / No		
Any type of Hernia?	Yes / No		

If you answered "Yes" to any other of the above please provide details here. (If more space needed use additional sheet)

Have you had a workers compensation claim in the past or a work related injury or illness? Yes / No (If "Yes" provide details below).		
Date of Accident:	①	②
Name of the EMPLOYER:		
Nature of the INJURY:		
Total days lost (if any):		
WAS A FINAL MEDICAL CERTIFICATE ISSUED? YES / NO		If "No", what is the current "FITNESS FOR WORK" status on the last medical certificate?

Office Use Only:	
Did the employee answer "Yes" to any of the questions in the above assessment? Yes / No	If Yes, refer immediately to the HSEQ Coordinator
Signed- Supervisor:	Date Signed:

DECLARATION

I declare that to the best of my knowledge the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any offer of employment made is conditional on my obtaining a medical clearance through the Wolfe Civil Pty Ltd pre-employment medical and I consent and authorise the Company's doctor to conduct an appropriate medical assessment (which may include testing for illicit drugs) and for the doctor to forward this information to the Company.

Section 79 of the Western Australian Workers' Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully or falsely represented himself as not having previously suffered from the injury.

Signature:

Print Name:

Date: