



EMPLOYMENT APPLICATION FORM

FRM 114 Rev 01
Version: 09/05/2008

Position Applied For:			
Full Name:			
Residential Address: (PO Box not acceptable)		
Home Phone Number:		Mobile number	
Date of Birth:		Marital Status	
Name, Address and Relationship of Next of Kin (for Emergency Use)		
Phone Number		Mobile number	
Drivers' Licence No.:		Class:	Expiry Date
Are you legally entitled to work in Australia			YES NO
Are you employed at present, if so state where and for what period			

Please supply particulars of previous employment – minimum of 5 years (last employer first)

Employers Name & Address	Project & Location	Position Held	From	To

Give nature and dates of any injuries you have sustained in your previous employment and list any medical condition that would affect your ability to do the job

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Please supply the name, address and telephone number of two referees from whom confidential reports may be obtained.

Name	Company	Address	Phone Number

For Tradesman position please supply proof of indenture (copy of Apprenticeship papers) along with any other tickets and current Inductions

For all other positions please supply copies of all tickets & current inductions



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BANK DETAILS:

Bank & Branch:		BSB No:	
Account Name:		Account No:	

SUPERANNUATION: I am a member of the following Superannuation Fund:

Sunsuper	Membership No:	
Others:	Membership No:	

INDUCTIONS: Do you have any of the following inductions or passes

Qld mining industry generic		GPA		ORICA		COMALCO	
Coal board medical		QAL		BSL		NRG	
Construction induction bluecard		Others					

Upon employment, I agree to abide to all Site Safety Rules. I understand and agree that failure to do so can be regarded as sufficient Cause for termination of employment.

It is a condition of employment that you agree to undertake a medical examination as part of your work requirement.

Are you prepared to undergo the following:

Drug Test		Employment Medical		Hearing Test	
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I understand that the place of employment will be at the agreed site, and that the terms of employment will be strictly in accordance with the relevant EBA Agreement and / or Award Conditions

I certify that answers to the questionnaire are true and correct.

Signature of Applicant: _____ Date: _____

Please forward completed application form to:-

Walz Construction Company Pty Limited
PO Box 1713
Gladstone Q 4680

Phone: (07) 4976 7999
Fax: (07) 4972 6459
Email: employment@walzconstruction.com.au