



## APPLICATION FOR EMPLOYMENT / EMPLOYEE RECORD

### PERSONAL DETAILS

Surname: .....

Given Name(s): .....

Home address: .....

Postal address: .....

Email address: .....

Telephone: ..... Mobile: .....

Date of Birth: .....

### DIVISION YOU ARE APPLYING FOR

Construction                      Service                      Pipeline Technology Services                      Administration

### POSITION YOU ARE APPLYING FOR

### AVAILABILITY TO START WORK

IMMEDIATELY                      ..... WEEKS NOTICE TO BE GIVEN FIRST                      DATE AVAILABLE                      .....

Are you legally entitled to work in Australia? Yes / No

Do you agree to undergo a medical examination before being offered a position Yes / No

Are you willing to work overtime and/or shift work when required? Yes / No

Are you prepared to work in country areas? Yes / No

Are you prepared to work interstate? Yes / No

Are you prepared to undertake training to improve your skills? Yes / No

Do you have any physical disability or medical condition which would affect your ability to do the job? Yes / No

If yes, please give details:

## PREVIOUS EMPLOYMENT

Past Employers <i>Current or most recent first</i>	Contact name/phone	Position held	Employed		Reason for leaving
			From	To	
1					
2					
3					
4					

## WORK EXPERIENCE

*Briefly describe the nature and extent of your previous experience including types of jobs worked on and nature of work done*

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*Other relevant experience and/or skills:*

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## REFERENCES

Name/Position:

Phone:

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Name/Position:

Phone:

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## DECLARATION

The questions above are fully understood by me and to the best of my knowledge the answers stated are true.

If employed, I understand that Smith Brothers Group has the right to terminate my employment without notice should any of these statements I have made be found false in any way.

I hereby authorise Smith Brothers Group to contact any of my former employers to obtain details from their records of my service, reasons for leaving and any other relevant information which they are able to supply.

Witnessed by:

Name:

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Signed:

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Date:

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**TRADE DETAILS** (*Qualifications and certificates – copies to be provided before employment commences*)

Qualification/Competency	Licence/Registration No.	Date of Issue	Expiry/Retraining date	Copy Provided Y / N      Date
<b>REGISTRATION</b>				
Plumbers				
Gas-fitting				
A / B Class Electrical				
Electrical Test/Tag				
Backflow testing				
Other <i>please specify</i>				
<b>VEHICLE LICENCE</b>				
Class				
Heavy Vehicle				
Car				
Other <i>please specify</i>				
<b>MACHINE OPERATOR</b>				
LB Backhoe				
LE Excavator				
LF Forklift				
LL Front End Loader				
LR Roller				
LS Skidsteer Loader				
WP Boom Type				
LZ Dozer				
Other <i>please specify</i>				
<b>ELEVATED WORK</b>				
Scissor lift				
Boom lift				
Other <i>please specify</i>				
<b>OTHER</b>				
Road Traffic Management				
Confined Space Entry				
Industry Safety Induction (Green Card)				
First Aid				
Other <i>please specify</i>				

**EDUCATION DETAILS**

**High School**

Name: \_\_\_\_\_ Yr. of leaving: \_\_\_\_\_ Level achieved: \_\_\_\_\_

**Further Education/Qualifications**

Name: \_\_\_\_\_ Yr. of leaving: \_\_\_\_\_ Level achieved: \_\_\_\_\_

**University**

Name: \_\_\_\_\_ Yr. of leaving: \_\_\_\_\_ Level achieved: \_\_\_\_\_

**Technical/Trade**

Name: \_\_\_\_\_ Yr. of leaving: \_\_\_\_\_ Level achieved: \_\_\_\_\_

**Other**

Name: \_\_\_\_\_ Yr. of leaving: \_\_\_\_\_ Level achieved: \_\_\_\_\_

**HEALTH HISTORY (All details must be completed when employment is offered.)**

All details must be completed with full details of any previous WorkCover and accident claims - include date, nature of claim, outcome of injury, injuries which resulted in hospitalisation.

**Serious illnesses, injuries and disabilities**

Detail:

**Minor illnesses, injuries and disabilities**

Detail:

**Ongoing health conditions and treatment**

Detail:

**WorkCover and accident claims:**

Injury Type:	Date of Injury:
Where:	Were you hospitalised: Y / N
Which hospital:	How long for:            from   /   /   to   /   /
WorkCover claimed: Y / N	Employer:
Nature of Claim:	Outcome of injury:
Current Status of Injury:	
Extra Details:	

**WorkCover and accident claims:**

Injury Type:	Date of Injury:
Where:	Were you hospitalised: Y / N
Which hospital:	How long for:            from   /   /   to   /   /
WorkCover claimed: Y / N	Employer:
Nature of Claim:	Outcome of injury:
Current Status of Injury:	
Extra Details:	

**EMPLOYEE DETAILS (All details must be completed when employment is offered.)**

Commencement Date: \_\_\_\_\_ Position: \_\_\_\_\_  
A/C Name \_\_\_\_\_ BSB \_\_\_\_\_ A/C No \_\_\_\_\_  
Bank Details: Primary Bank: \_\_\_\_\_  
Secondary Bank \_\_\_\_\_  
Secondary \$ or % \_\_\_\_\_  
Other deductions \_\_\_\_\_  
Tax File Number: \_\_\_\_\_  
Superannuation Fund & No. \_\_\_\_\_  
BIRST Registration No (if applicable): \_\_\_\_\_  
Long Service Leave No (if applicable): \_\_\_\_\_

**PAYSLIP how would you like to receive – circle one.**

Mailed to home \_\_\_\_\_  
Emailed \_\_\_\_\_  
Office pigeonhole \_\_\_\_\_

**EMERGENCY CONTACT (All details must be completed when employment is offered.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mobile & Phone: \_\_\_\_\_

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Witnessed by:

Name: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**APPROVED FOR EMPLOYMENT (All details must be completed when employment is offered.)**

Before employment is offered and commenced:

- 1. Application must be approved and authorised.
- 2. Contract of Employment checked and approved for release.

APPROVED Divisional Manager: \_\_\_\_\_ signed: \_\_\_\_\_ date: \_\_\_\_\_  
AUTHORISED Managing Director, Chris Smith signed: \_\_\_\_\_ date: \_\_\_\_\_