

JOB APPLICATION FORM

1. POSITION APPLIED FOR (i.e. carpenter, labourer, etc.):	
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2. APPLICANT'S DETAILS			
Surname:		Given names/s:	
Address:			Postcode:
Date of birth: / /	Marital status: (i.e. married, single, defacto, etc.)		
Are you of Aboriginal or Torres Strait Islander descent: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Home phone:		Mobile:	
Email:			Own transport: Yes <input type="checkbox"/> No <input type="checkbox"/>

3. MEDICAL HISTORY			
3.1 Do you suffer from any afflictions/ailments (e.g. headaches, back pain, colour blindness, epilepsy), allergies (e.g. hay fever, dermatitis), diseases , (e.g. asthma, diabetes), infections (e.g. bronchitis, hepatitis) or impairments (e.g. arthritis, amputation, knee injury, hearing loss)? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please nominate below:			
3.1.1	3.1.2	3.1.3	
3.2 Do you take medication/prescription drugs (e.g. insulin, ventolin, duromine)? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please nominate below:			
3.2.1	3.2.2	3.2.3	
3.3 Have you ever claimed Worker's Compensation ? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please nominate below:			
Date of injury: / /	Nature of injury:	Have you recovered: Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. EMPLOYMENT EXPECTATIONS "Are you prepared to?":			
Work at heights: Yes <input type="checkbox"/> No <input type="checkbox"/>		Wear safety equipment: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work overtime at short notice: Yes <input type="checkbox"/> No <input type="checkbox"/>		Travel to and work at various sites: Yes <input type="checkbox"/> No <input type="checkbox"/>	

5. PREVIOUS EMPLOYMENT DETAILS	
Employer (1):	Address:
Phone:	Employed from: / / to / /
Contact Person:	
Reason For Leaving:	
Employer (2):	Address:
Phone:	Employed from: / / to / /
Contact Person:	
Reason For Leaving:	

6. SKILLS/COMPETENCY & TRAINING	
Have you complete and attached hereto a Skills/Competency & Training form (OJA02): Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. DECLARATION	
I declare that I have fully and truthfully answered Sections 2 to 6 of this applications:	
Signature:	Date:/...../.....

JOB APPLICATION FORM

SKILLS/COMPETENCY & TRAINING

Name:

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Surname

Christian Name/s

Date:

/	/	
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Trade Title:

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e.g. carpenter, labourer, rigger, apprentice, supervisor, etc.

Experience:

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Years

Months

Note: Tick appropriate boxes below:

Training Undertaken:	Code	Yes <input type="checkbox"/>	Certificate Number	Office Use:
				Copy <input type="checkbox"/>
General Induction (white card)	IT			
Risk Management for Supervisors	RM			
Workplace 'Safety' Committee	WC			
Manual Handling	MH			
Noise in the Workplace	NW			
Workplace Substances	WS			
Drug and Alcohol Abuse	DA			
First Aid	FA			
Confined Spaces	CS			
Confined Spaces Awareness	CSA			
Electrical Tagging	ET			

Competency Certificates Held:	Code	Yes <input type="checkbox"/>	Certificate Number	Office Use:
				Copy <input type="checkbox"/>
Formwork & Falsework (Trade Restricted)	FF			
Explosive Powered Tools	EPT			
Scaffolding Basic	SB			
Scaffolding Intermediate	SI			
Scaffolding Advanced	SA			
Dogging	DG			
Rigging Basic	RB			
Rigging Intermediate	RI			
Rigging Advanced	RA			
Vehicle Loading Cranes (over 10 tonnes)	CV			
Non-slewing Mobile Cranes (over 3 tonnes)	CN			
Slewing Mobile Cranes (up to 20 tonnes)	C2			
Slewing Mobile Cranes (up to 60 tonnes)	C6			
Slewing Mobile Cranes (up to 100 tonnes)	C1			
Slewing Mobile Cranes (open/over 100 tonnes)	C0			
Boom Type Elevated Work Platforms	WP			
Scissor Lift Work Platform (non certificate)	EWP			
Material Hoist (cantilever platforms)	HM			
Hoists (personnel and material)	HP			
Concrete Placing Booms	PB			
Forklift Trucks	LF			
Front End Loader	LL			
Front End Loader/Backhoes	LB			
Front End Loaders (skid steer type)	LS			
Excavators	LE			

Applicant's Signature:

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PLEASE BE ADVISED ON STARTING WITH OAKDALE THE FOLLOWING MINIMUM TOOLS AND CLOTHING ARE REQUIRED TO START AND TO BE MAINTAINED THROUGHOUT YOUR EMPLOYMENT.

CLOTHING

- HI VIS SHIRT
- Suitable long or short pants
- Steel capped safety boots

In the future the Hi Vis and Boots will be replaced on a wear and tear basis.

TOOLS

CARPENTER

1. Nail Bag
2. Hammer (Eastwing or equal)
3. Wood Chisel (32mm)
4. Nips (Cresant)
5. Pinch Bar
6. Level (1200mm)
7. Handsaw
8. Shifter (12inch)
9. Chalkline (speed winder type)
10. Tape Measure (Fat max or similar quality 8m min)
11. Square (Builders)
12. Tool Bag (To carry tools)
13. Builders Pencil (red)
14. Stanley knife

LABOURER

1. Nail Bag
2. Hammer (Eastwing or equal)
3. Nips (Cresant)
4. Pinch Bar
5. Shifter (12inch)
6. Tape Measure (Fat max or similar quality 8m min)

NOTE: PLASTIC OR WOODEN HANDLED HAMMERS ARE NOT TO BE USED AND ARE A SAFETY HAZARD.