



EXCOM

APPLICATION FOR EMPLOYMENT

(This application must be completed in full, including the declaration)

Position Applied For: _____ Resume Attached? Yes / No

Date of Application: _____ Date Available: _____

Have you previously worked for Texcom Earthmoving? Yes / No

If yes, please provide details: _____

How did you find out about the vacancy? _____

Are you Aboriginal / Torres Strait Islander? Yes / No

PERSONAL DETAILS:

Full Name	Last	First	Middle
Current Address	Street Address		Town/City Post Code
Phone Numbers	Home	Mobile	
Date of Birth		Marital Status	
Tax File Number		Gender	Male / Female
Drivers Licence No	Must provide copy	Class	
State		Expiry Date	

In case of an emergency my next of kin is:

Name		Relationship	
Current Address	Street Address		Town/City Post Code
Phone Numbers	Home	Mobile	

DO YOU HAVE THE WESTERN AUSTRALIAN "BLUE CARD":

YOUR CARD # _____	Yes / No
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CURRENT EMPLOYMENT:

Are you currently employed?	Yes / No		
Current Employer			Phone No
Address	Street Address		Town/City
			Post Code
Current Position			Date Commenced
Supervisor's Name			Period of Notice Required
Brief summary of duties performed			
Can your current employer be contacted for a reference?	Yes / No		

PREVIOUS EMPLOYMENT – List the most recent first:

Employer's Name			Phone No
Period From	Month	Year	To
			Month
			Year
Position Held			
Brief list of Duties/ Equipment Operated			
Reason for Leaving			
Referee			

Employer's Name			Phone No
Period From	Month	Year	To
			Month
			Year
Position Held			
Brief list of Duties/ Equipment Operated			
Reason for Leaving			
Referee			

School/College/University	Highest Level Attained	Year Completed

TRADE / TECHNICAL TRAINING:

Apprenticeship / Trade				
Where Served		Dates		
Trade Permits / Licences / Tickets / Specialised Plant or Machinery / Special Skills:				
Name	No	State of Issue	Date of Issue	Expiry Date

SKILL DESCRIPTION:

(PLEASE TICK ONLY WHAT YOU ARE WILLING and ABLE TO DO)

<input type="checkbox"/> Labourer			<input type="checkbox"/> Rigid Watercart Operator	<input type="checkbox"/> Boilermaker/Welder
<input type="checkbox"/> Spotter			<input type="checkbox"/> Semi Watercart Operator	<input type="checkbox"/> Rail Controller
<input type="checkbox"/> Concrete Labourer			<input type="checkbox"/> Roller Operator > 10 t	<input type="checkbox"/> Traffic Controller
<input type="checkbox"/> Formworker			<input type="checkbox"/> Roller Operator < 10 t	<input type="checkbox"/>
<input type="checkbox"/> Steel Fixer			<input type="checkbox"/> Scraper Operator	<input type="checkbox"/>
<input type="checkbox"/> Concrete Finisher			<input type="checkbox"/> Dozer Operator > D 8	<input type="checkbox"/>
<input type="checkbox"/> Agitator Operator			<input type="checkbox"/> Dozer Operator < D 8	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Excavator Operator < 30 t			<input type="checkbox"/> Mobile Crane Operator > 20 t	<input type="checkbox"/> Leading Hand
<input type="checkbox"/> Excavator Operator > 30 t			<input type="checkbox"/> Mobile Crane Operator > 20 t	OFFICE SKILLS
<input type="checkbox"/> Grader Operator < 14G			<input type="checkbox"/> Hand Compactor Operator	<input type="checkbox"/> MYOB
<input type="checkbox"/> Grader Operator > 14G			<input type="checkbox"/> Jack/Kanga Hammer Operator	<input type="checkbox"/> Microsoft Office
<input type="checkbox"/> FEL Operator > 966			<input type="checkbox"/> Pavement Saw Operator	<input type="checkbox"/> Internet Explorer
<input type="checkbox"/> FEL Operator < 966			<input type="checkbox"/> Mechanic	<input type="checkbox"/> Payroll
<input type="checkbox"/> Backhoe Operator			<input type="checkbox"/> Mechanical Fitter	<input type="checkbox"/> General Administration
<input type="checkbox"/> Bobcat Operator			<input type="checkbox"/> Chain Saw Operator	<input type="checkbox"/> Tendering
<input type="checkbox"/> Rigid Tip Truck Operator			<input type="checkbox"/> Basic Rigging	<input type="checkbox"/> Estimator
<input type="checkbox"/> Semi Rear Tipper Operator			<input type="checkbox"/> Advanced Rigging	<input type="checkbox"/> Account Receivable
<input type="checkbox"/> Semi Side Tipper Operator			<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Accounts Payable

MECHANICAL ABILITY:

Please supply details of machines you can competently maintain/repair:

Equipment Type	Details of Experience

WORKERS COMPENSATION HISTORY:

Have you ever made a claim for Workers Compensation?	Yes / No
If Yes, please give details	

Under section 79 of the Australian Workers Compensation Act it is a criminal offence to not disclose a previous claim.

CONVICTIONS:

Have you in the last 10 years been convicted of a criminal offence in any court?	Yes / No
Have you in the last 10 years been convicted of an alcohol related drink driving offence in any court?	Yes / No
Have you in the last 10 years been convicted of any driving offence in any court?	Yes / No
If Yes, please give details	
A record does not necessarily disqualify an applicant.	

INDUCTIONS / TRAINING / QUALIFICATIONS:

TRAINING AND QUALIFICATIONS

- | | | |
|---|--|---|
| <input type="checkbox"/> Basic Traffic Controller Certificate | <input type="checkbox"/> Dogging Certificate | <input type="checkbox"/> Grader Competency Certificate |
| <input type="checkbox"/> Advanced Traffic Controller Certificate | <input type="checkbox"/> Basic Rigger Certificate | <input type="checkbox"/> Excavator Competency Certificate |
| <input type="checkbox"/> Control Construction Traffic Certificate | <input type="checkbox"/> Intermediate Rigger Certificate | <input type="checkbox"/> Loader Competency Certificate |
| <input type="checkbox"/> Elevated Work Platform | <input type="checkbox"/> Advanced Rigger Certificate | <input type="checkbox"/> Bobcat Competency Certificate |
| <input type="checkbox"/> Forklift Certificate | <input type="checkbox"/> Scaffolders Certificate | <input type="checkbox"/> Backhoe Competency Certificate |
| <input type="checkbox"/> 4X4 Training (DTEC ONLY) | Senior First Aid Certificate | <input type="checkbox"/> Ticketed Chain Saw Operator |

Please attach a **photocopy of any certificates or qualifications issued as this will increase your chances of a successful application.*

Please bring the **original copy(s) to the interview.*

All inductions and certificates **must be in date and issued from a nationally accredited training provider to be recognised.*

PERSONAL HEALTH:

Please answer the following questions regarding your Medical History

	Circle Answer	Please provide details
Have you any physical disability that may affect your performance for the job you have applied for?	Yes / No	
Have you any illness that may affect your performance for the job you have applied for?	Yes / No	
Are you prepared to undergo a pre-employment medical (including drug & alcohol screening)?	Yes / No	
Have you or are you taking any drugs that may hinder your performance for the job you have applied for?	Yes / No	
Are you being treated by any doctor for any illness or taking any medications for a medical condition?	Yes / No	
Have you been hospitalised for any illness or had any operations?	Yes / No	
Have you any medical or surgical conditions?	Yes / No	
Is there a family history of any medical conditions?	Yes / No	
Have you ever been refused life insurance, disability insurance, employment or Military Service?	Yes / No	
Is there any reason why you cannot wear safety or protective equipment?	Yes / No	
Do you need to wear prescription glasses for your normal work? If so, do you have prescription safety glasses and side covers?	Yes / No	
Have you had any time off work in the last year?	Yes / No	
Do you have Diabetes?	Yes / No	
Do you have any known allergies?	Yes / No	
Have you had a hearing test in the past 12 months?	Yes / No	

<i>Do you have or have you ever had any of the following:</i>	Circle Answer	Please provide details
Lung problems / Asthma / Bronchitis?	Yes / No	
Suffered blood pressure or heart trouble?	Yes / No	
Fits / seizures, blackouts or persistent headaches / migraines?	Yes / No	
Joint problems / fractures or arthritis / rheumatism?	Yes / No	
Back or neck problems?	Yes / No	
Skin disorders / dermatitis?	Yes / No	
Repetitive strain / overuse injury?	Yes / No	
Mental or nervous troubles?	Yes / No	
Loss of hearing / ear infections?	Yes / No	
Stomach problems / ulcers?	Yes / No	
Tuberculosis?	Yes / No	
Hepatitis / jaundice / liver trouble?	Yes / No	
A hernia?	Yes / No	

PERSONAL HEALTH (cont)

<i>Do you have any difficulty with the following activities:</i>	Circle Answer	Please provide details
Running 100 metres?	Yes / No	
Walking on rough ground?	Yes / No	
Kneeling?	Yes / No	
Standing for two hours?	Yes / No	
Turning your head rapidly?	Yes / No	
Using hand tools?	Yes / No	
Concentrating for a length of time?	Yes / No	
Hearing a normal conversation?	Yes / No	
Climbing a ladder?	Yes / No	
Crouching?	Yes / No	
Sitting for two hours?	Yes / No	
Lifting or bending?	Yes / No	
Gripping firmly with both hands?	Yes / No	
Reading ordinary print?	Yes / No	
Repetitive movements of the hands or arms?	Yes / No	

<i>Have you had any exposure to any of the following in your past jobs?</i>	Circle Answer	Please provide details
Loud noise / explosives / gunfire?	Yes / No	
Asbestos?	Yes / No	
Chemicals?	Yes / No	
Radiation?	Yes / No	
Dust?	Yes / No	

BEFORE SIGNING THE DECLARATION BELOW, PLEASE TAKE THE TIME TO REVIEW YOUR RESPONSES AND ENSURE ALL DETAILS ARE COMPLETE AND CORRECT.

<u>DECLARATION:</u>	
I certify that the information and statements made in this form are true and correct to the best of my knowledge. I understand this information may be subject to verification.	
Employee Signature:	Date:

*Please post to Texcom Earthmoving, Human Resources Manager, PO Box 194,
Boddington WA 6390
or may be emailed to admin@texcom.com.au*