

# MEALES CONCRETE PUMPING PTY LTD

## APPLICATION FOR EMPLOYMENT

### PERSONAL DETAILS

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PH. NO: \_\_\_\_\_  
NEXT OF KIN: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(NAME & PHONE NO.)  
PERSON/S TO BE ADVISED  
IN EVENT OF AN ACCIDENT: \_\_\_\_\_  
(NAME & CONTACT PHONE NOS)  
BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_ BRANCH NO: \_\_\_\_\_  
NAME ACCOUNT HELD IN: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
UNION NO: \_\_\_\_\_ UNION: \_\_\_\_\_ CURRENT MEMBER: YES/NO IF NO, EXPIRY DATE: \_\_\_\_\_  
BUSSQ NO: \_\_\_\_\_ BERT NO: \_\_\_\_\_ PORTABLE LONG SERVICE LEAVE NO: \_\_\_\_\_  
TAX FILE NO: \_\_\_\_\_  
BASIC SAFETY INDUCTION? YES/NO PUMP OPERATOR'S LICENCE? YES/NO LICENCE NO: \_\_\_\_\_

### MEDICAL HISTORY

ANY IMPAIRMENT OF: VISION: YES/NO HEARING: YES/NO LIMBS: YES/NO BACK: YES/NO  
ANY INCAPACITY TO WORK: IN HEAT: YES/NO AT HEIGHTS: YES/NO IN CONFINED SPACES: YES/NO  
ANY OTHER DISABILITIES INCLUDING DIABETES, ALLERGIES, COLOUR BLINDNESS? IF YES, GIVE DETAILS BELOW

MEDICAL CERTIFICATE ATTACHED YES/NO

HAVE YOU EVER CLAIMED WORKERS' COMPENSATION? YES/NO

IF SO, DETAILS OF EACH INJURY: \_\_\_\_\_

(If insufficient room, attach sheet)

DRIVER'S LICENCE NO: \_\_\_\_\_ CLASSES: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

HAS YOUR DRIVER'S LICENCE EVERY BEEN ENDORSED, REVOKED OR SUSPENDED? YES/NO

IF YES, GIVE DETAILS: \_\_\_\_\_

**NB: PHOTOCOPY OF BOTH SIDES OF YOUR LICENCE IS REQUIRED**

### PREVIOUS EMPLOYMENT HISTORY (List last position first)

1. \_\_\_\_\_ Phone No: \_\_\_\_\_  
2. \_\_\_\_\_ Phone No: \_\_\_\_\_  
3. \_\_\_\_\_ Phone No: \_\_\_\_\_

**ARE YOU PREPARED TO WORK OVERTIME, INCLUDING SATURDAY'S? YES/NO**

I, the undersigned declare that all answers are freely given and are true to the best of my knowledge and accept that any false or misleading information may lead to my dismissal. I authorize my previous employers to release details of my employment history.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_