

HR ID No.

Position Applied For: _____ Date of Application: ____ / ____ / ____

Classification: _____ Availability to Commence: _____

Locations: Eraring Bayswater Vales Point

PERSONAL INFORMATION

Surname: _____ First Name: _____

Address: _____

Suburb: _____ State: _____ Post cord: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____ Date of Birth (*optional*): _____

Have you previously worked for PPI or New World Projects? : Yes No If yes, when _____

Are you an Australian Citizen?: Yes No If Not,

Specify Visa Type: _____ Expiry Date: _____

EDUCATION AND TRADE SKILLS			
	School/College and Location	Duration of Studies	Degree/Certificate Obtained
Secondary			
Tertiary			
Professional			
Training Course			
Other Trade Skills			

WORKCOVER QUALIFICATIONS			
Description		Ticket Number	
Description		Ticket Number	
Description		Ticket Number	
Description		Ticket Number	
Description		Ticket Number	

*** IF YOU HAVE A CURRENT, UP-TO-DATE RESUME, PLEASE ATTACH AND IGNORE THE FOLLOWING EMPLOYMENT HISTORY.**

EMPLOYMENT HISTORY	
Previous Position (1)	
From ~ To (Month & Year)	
Company Name	
Name & Position of Supervisor	
Duties & Responsibilities	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state the phone number _____)
Reason for leaving	
Previous Position (2)	
From ~ To (Month & Year)	
Company Name	
Name & Position of Supervisor	
Duties & Responsibilities	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state the phone number _____)
Reason for leaving	
Previous Position (3)	
From ~ To (Month & Year)	
Company Name	
Name & Position of Supervisor	
Duties & Responsibilities	
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state the phone number _____)
Reason for leaving	

PREVIOUS INJURY or WORKERS COMPENSATION CLAIM DETAILS			
Date	Injury	Time Off Work	Condition Now

*** IF YOU HAVE NOT HAD A CLAIM PLEASE WRITE N/A. ** FALSE INFORMATION MAY LEAD TO DISMISSAL.**

CONDITON OF EMPLOYMENT	
I AGREE TO COMPLY WITH THE CONDITIONS OF EMPLOYMENT AS DESCRIBED IN THE INDUSTRIAL AGREEMENTS APPLICABLE TO THE SITE ON WHICH WORK IS ALLOCATED. ARE YOU PREPARED TO:	
Work at heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supply and wear steel-capped safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wear protective clothing including safety helmet, safety glasses, hearing protection boots and clothing fully covering arms & legs issued by <i>Power Projects International Pty Ltd</i> when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work overtime when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work shift work when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relocate to other sites within 50km of the location on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit to a medical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby affirm that all information given by me in this application for employment is true and correct and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application. If employed, I understand that I shall be subject to the company's regulations.

Applicant's Signature..... **Date**:...../...../.....

*** PLEASE ATTACH - RESUME & REFERENCES AND COPIES OF TICKETS OR QUALIFICATIONS RELATIVE TO APPLICATION**

Office Use Only		
	Name	Signature
Interviewed by		
Reference Checked by		

Date:...../...../.....