



ABN 37 079 945350

**POWER PROJECTS INTERNATIONAL PTY LTD**

39 ADVANTAGE AVENUE, MORISSET  
P.O. BOX 11 MORISSET NSW 2264  
TEL: 02 4973 3333 FAX: 02 4973 2222

**APPLICATION FOR EMPLOYMENT**

Position Applied For:..... Date of Application:...../...../.....

Classification:..... Availability to Commence:.....

Locations:  Eraring  Bayswater  Vales Point      Type of Position:  Full Time  Casual

**PERSONAL INFORMATION**

Surname:..... First Name:.....

Address:..... Post Code:.....

Home Phone:..... Mobile Phone:.....

E-mail:..... Date of Birth (optional):.....

If not an Australian Citizen, do you have residency status?:  Yes  No

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	
<b>Previous Position (1)</b>	
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	
<b>Previous Position (2)</b>	
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	
<b>Previous Position (3)</b>	
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 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.**

CONDITION OF EMPLOYMENT		
I AGREE TO COMPLY WITH THE CONDITIONS OF EMPLOYMENT AS DESCRIBED IN THE FEDERAL METAL INDUSTRY AWARDS OR WITH THOSE 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**

Office Use Only		
	Name	Signature
Interviewed by		
Reference Checked by		

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