

# APPLICATION FOR EMPLOYMENT

**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 code: \_\_\_\_\_

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	

\* 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 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 havenot knowingly withheld any circumstances or facts that would, if disclosed, affect my application. Ifemployed, 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:**...../...../.....