

# APPLICATION FOR EMPLOYMENT

|                  |
|------------------|
| <b>HR ID No.</b> |
|------------------|

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 |  |

**\* 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**

| <b>Office Use Only</b> |             |                  |
|------------------------|-------------|------------------|
|                        | <b>Name</b> | <b>Signature</b> |
| Interviewed by         |             |                  |
| Reference Checked by   |             |                  |

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