

MITCON FORMWORK

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____ DATE: _____

EMPLOYMENT TYPE (Please Circle) : PERMANENT PART-TIME CASUAL

PERSONAL

SURNAME: _____ GIVEN NAMES: _____

RESIDENTIAL ADDRESS: _____

_____ POSTCODE: _____

POSTAL ADDRESS: _____

_____ POSTCODE: _____

DRIVER'S LICENCE NO.: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ARE YOU AN AUSTRALIAN RESIDENT? YES / NO IF NO: TYPE OF VISA _____ EXPIRY ____ / ____

ARE YOU OF: (PLEASE CIRCLE) ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN

IN CASE OF EMERGENCY CONTACT NAME: _____ NUMBER: _____

EDUCATION

| SCHOOL, COLLEGE, UNIVERSITY OR INSTITUTION | LAST YEAR ATTENDED | COURSE NAME | STANDARD ACHIEVED CERTIFICATE, DIPLOMA OR DEGREE |
|--|--------------------|-------------|--|
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ARE YOU STUDYING NOW? YES / NO

DO YOU HAVE A HECS DEBT? YES / NO

If so, please give details: _____

DO YOU HAVE A WHITE CARD? YES / NO

DID YOU OBTAIN YOUR WHITE CARD ONLINE? YES / NO

DO YOU HAVE A CURRENT WORKING AT HEIGHTS TICKET? YES / NO

A current white card and working at heights ticket must be obtained prior to commencing work for Mitcon Formwork

EMPLOYMENT DETAILS

CURRENT OR LAST EMPLOYER

| | | | |
|------------------------------|--|-----------------|--|
| NAME AND ADDRESS OF EMPLOYER | | | |
| CONTACT PHONE NUMBER | | | |
| POSITION HELD | (Please Circle) Full Time / Part Time / Casual | | |
| PERIOD OF EMPLOYMENT | From: / / | To: / / | |
| REASON FOR LEAVING | | | |

PREVIOUS EMPLOYMENT

| | | | |
|------------------------------|--|-----------------|--|
| NAME AND ADDRESS OF EMPLOYER | | | |
| CONTACT PHONE NUMBER | | | |
| POSITION HELD | (Please Circle) Full Time / Part Time / Casual | | |
| PERIOD OF EMPLOYMENT | From: / / | To: / / | |
| REASON FOR LEAVING | | | |

| | | | |
|------------------------------|--|-----------------|--|
| NAME AND ADDRESS OF EMPLOYER | | | |
| CONTACT PHONE NUMBER | | | |
| POSITION HELD | (Please Circle) Full Time / Part Time / Casual | | |
| PERIOD OF EMPLOYMENT | From: / / | To: / / | |
| REASON FOR LEAVING | | | |

| | | | |
|------------------------------|--|-----------------|--|
| NAME AND ADDRESS OF EMPLOYER | | | |
| CONTACT PHONE NUMBER | | | |
| POSITION HELD | (Please Circle) Full Time / Part Time / Casual | | |
| PERIOD OF EMPLOYMENT | From: / / | To: / / | |
| REASON FOR LEAVING | | | |

HAVE YOU HAD ANY PREVIOUS EXPERIENCE IN COMMERCIAL FORMWORK CONSTRUCTION?

If yes, please give details: _____

PLEASE LIST ANY OTHER RELEVANT QUALIFICATIONS & EXPERIENCE YOU MAY HAVE:

PLEASE TICK IF YOU HAVE SUFFERED FROM ANY OF THE FOLLOWING:

_____ Back Injury _____ Asthma _____ Heart Disease
_____ Dermatitis _____ Epilepsy _____ Hearing Loss
_____ Diabetes

DO YOU HAVE ANY ILLNESS OR DISABILITY, WHICH MAY AFFECT YOUR WORK?

Please explain: _____

HAVE YOU EVER BEEN ON WORKER'S COMPENSATION?

If yes, please give details: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE IN THE LAST TEN YEARS?

If yes, please give details: _____

DO YOU SPEAK OR READ ANY OTHER LANGUAGES?

If yes, please give details: _____

SA BIRST NO.: _____

CBUS NO.: _____

LONG SERVICE
LEAVE NO.: _____

UNIFORM SIZING

Shirt Size: _____

Jacket Size: _____

Pants Size: _____

Boots Size: _____

TERMS & CONDITIONS

Please be aware that in lodging your application does not guarantee employment with Mitcon Formwork, or any of it's related companies. Your details will be stored on our database and any candidates closely matching the requirements of positions as they become available may be contacted for interview. Mitcon Formwork gives no guarantee of the continued availability of any particular position advertised and will not be responsible should a position be filled at any time prior to the removal of an advertisement. If a position is offered to me by Mitcon Formwork, a three month standard probationary period applies.

I have read & accept the above Terms & Conditions.
I am aware that an employment check and a police check may be carried out.
I understand that if I become employed by Mitcon Formwork I will need to undergo a Medical, Hearing & Drug Test prior to the commencement of my employment with the company.

Signed: _____

Date: _____