

MITCON

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

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

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, 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 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 I will need to undergo a Medical, Hearing & Drug Test prior to the commencement of my employment with the company.

Signed: _____ Date: _____