

Please complete this form and return with your **Résumé** marked **Private & Confidential** Attention: **HR Manager**

Please Print clearly in **BLACK INK ONLY** using Block Capital Letters

## Personal Information

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
 Address: No & Street \_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
 Home Email: \_\_\_\_\_ Date Of Birth: DD/MM/YYYY \_\_\_\_\_  
 ABN or Tax File Number: \_\_\_\_\_ Trading Name (if ABN) \_\_\_\_\_

Have you been convicted of an offence of any kind (Criminal, Drink Driving, Tax, Immigration etc) within the last Five years? (Yes or No) \_\_\_\_\_

Have you Ever been convicted of an offence involving sexual crime, offences against children or extreme violence? (Yes or No) \_\_\_\_\_

Are you an Australian Citizen: (Yes or No) \_\_\_\_\_  
 If No, do you have a valid work visa from the Australian Dept of Immigration (Yes or No) \_\_\_\_\_ (Please attach a copy of your visa)

## Emergency & Medical Information

Do you currently or have you ever suffered from any condition listed below?  
 (Please write "yes" or "no" in every box and provide details regarding all items that you have marked "yes")

Neck or Spinal Injury \_\_\_\_\_ Asthma \_\_\_\_\_ Attention Deficit Disorder (A.D.D.) \_\_\_\_\_ High/Low Blood Pressure \_\_\_\_\_  
 Hearing Deficiency \_\_\_\_\_ Eyesight Deficiency \_\_\_\_\_ Work Related Stress Disorder \_\_\_\_\_ Epilepsy \_\_\_\_\_  
 Workplace Injury \_\_\_\_\_ Harrassment/Bullying<sup>at work</sup> \_\_\_\_\_ Other Psychological disorder \_\_\_\_\_ Depression/BiPolar \_\_\_\_\_  
 Lung Disease \_\_\_\_\_ Heart Attack/Condition \_\_\_\_\_ Other respiratory condition \_\_\_\_\_ Stroke \_\_\_\_\_  
 Physical Disability <sup>of any kind</sup> \_\_\_\_\_ Workplace injury or illness that resulted in more than one week off work \_\_\_\_\_ Other: \_\_\_\_\_

Details: \_\_\_\_\_

## Application Details

Position Applied For: \_\_\_\_\_ Date of Application: DD/MM/YYYY \_\_\_\_\_  
 Type of Position:  Full Time  Part Time  Casual Available to Start Date: DD/MM/YYYY \_\_\_\_\_  
 How did you hear about Menai Civil: \_\_\_\_\_

## About You

Attach your *résumé* and/or tell us a little bit about yourself below , include such things as hobbies or interests, work experience, or anything else that you think may help us evaluate your eligibility for employment at Menai Civil Contractors Pty Ltd and choose to employ you instead of other applicants for the same role.

**NOTE:** You must provide evidence of all qualifications, skills and competences you tell you possess (certificates & licenses/tickets etc). Failure to provide evidence of stated qualification skills or competences will render your application void.

Authority:	General Manager	Document I.D:	MCC-FORM-5.07-07 - Rev 03 - Menai Civil Employment Application Form				
Date Authorised:	16/04/2011	Author:	Mark Langford	Revision Date:	18/01/2012	Page:	1 of 2

**Previous Employment** *(list your last position/employer first then work backwards for at least 5 years)*

Period of Employment	Employer / Company	Type of Business (Trade)	Location	Position Held
to				
to				
to				
to				

**Professional References** *(NOTE: Menai Civil will check your references prior to your employment commencing)*

Company Name	Contact Person	Position Held in Company	Telephone Number
1			
2			
3			

**More Questions**

Details:

- Do you hold a Drivers Licence?  Yes  No *State: \_\_\_\_\_ Type: \_\_\_\_\_ Expires: \_\_\_\_\_*
- Do you own your vehicle?  Yes  No
- Have you been convicted of a vehicle or motoring offence in the last 3 years?  Yes  No
- Have you ever suffered a work related injury or illness?  Yes  No
- Do you have a Construction General Induction card?  Yes  No
- Do you have any other Trade or Operators Certificates / Tickets? *(list them)*  Yes  No
- Do you have a current and valid First Aid Certificate?  Yes  No
- Will you attend a Pre-Employment Medical if requested?  Yes  No
- Are you prepared provide alcohol/drug screening samples at random?  Yes  No
- Are you prepared to work (temporary) night shifts if required?  Yes  No
- Are you prepared to work (temporary) weekend shifts if required?  Yes  No
- Do you have any physical or other injuries, illnesses or conditions that could present a risk to you or anyone else at or near work or that could inhibit your ability in carrying out any physical task relating to the construction industry?  Yes  No

**Declaration**

- I declare that the information I have provided in, and attached to this document is accurate and true.
- I am not deliberately or knowingly withholding any information that may impair my eligibility for employment by Menai Civil.
- I understand that if I am found to have deliberately or knowingly withheld information or provided false or misleading information in order to gain employment, my employment with Menai Civil may be terminated immediately without notice and without payment in lieu of notice.
- I understand that, if I do not provide sufficient documented evidence of all skills, competences, licenses and experience that I have listed in this application, Menai Civil may refuse to consider this application for employment

Name *(Print)*: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: DD/MM/YYYY

Authority:	General Manager	Document I.D:	MCC-FORM-5.07-07 - Rev 03 - Menai Civil Employment Application Form				
Date Authorised:	16/04/2011	Author:	Mark Langford	Revision Date:	18/01/2012	Page:	2 of 2