



APPLICATION FOR EMPLOYMENT

Position Applied For : _____ Preferred Work Location : _____

Are you prepared to travel and work in other locations? Yes No

PERSONAL DETAILS

Surname : _____ First Names : _____

Address : _____ Phone (h) : _____

_____ P/Code : _____ Mobile : _____

Email Address : _____

REFERENCES

Business Reference (Provide at least 1)

Name : _____ Company : _____ Contact Phone _____

Name : _____ Company : _____ Contact Phone _____

Personal Reference (Not a relative)

Name : _____ Your relationship to this person : _____

Contact Phone _____

PREVIOUS EMPLOYMENT HISTORY (Start with the most recent position. This section must be complete unless you have attached a resume)

Company : _____ Start Date : _____ Finish Date : _____
(Month/Year) (Month/Year)

Employed: Full-Time Part-Time Casual Position Held: _____

Workers Comp Claimed?: No Yes Reason For Leaving _____

Company : _____ Start Date : _____ Finish Date : _____
(Month/Year) (Month/Year)

Employed: Full-Time Part-Time Casual Position Held: _____

Reason For Leaving _____ Workers Compensation Claimed? : _____



QUALIFICATIONS/TRAINING

Drivers License Type : _____ Expiry Date : _____

Overhead power 5099 Number : _____ Expiry Date : _____

Pipelaying Certificate : _____

OH&S Induction Certificate Number : _____ Expiry Date : _____

First Aid Certificate Number : _____ Expiry Date : _____

Other, Please state _____ Expiry Date : _____

Other, Please state _____ Expiry Date : _____

Other, Please state _____ Expiry Date : _____

HEALTH

Are you dependent upon medication? Yes No If Yes, explain _____

Are there any medical or physical conditions (eg; disabilities, injuries etc) which may affect the efficient or safe performance of the position you are applying for? : Yes No If Yes, explain:

Are you prepared to undergo a medical examination and hearing test by Eire Contractors Doctor?

Yes No .

Have you **ever** made a claim for workers compensation? Yes No .

If Yes, how many times? : _____ Please explain : _____

Has this matter been settled Yes No If Yes, when : _____
(month/year)



APPLICANTS DECLARATION

I _____ confirm that there are no outstanding or continuing Workers Compensation claims in progress from any previous employer that Eire Contractors Pty Ltd has not been informed about in writing. I also declare that the information contained herein and completed by me (a specimen of my signature appears herewith) is factual, and I understand that failure to provide correct information may adversely affect my employment opportunities with Eire Contractors Pty Ltd. I am also aware that Eire Contractors Pty Ltd operates with strict safety guidelines and HO&S regulations. It is my choice to work in the civil construction industry and I have no injuries or other circumstances to prevent me from performing my duties.

If my application for employment with Eire Contractors Pty Ltd is successful, I agree to abide by the directives of the company and their appointed representatives to carry out work diligently and in accordance with the contract.

Further, I acknowledge that should I be employed by Eire Contractors Pty Ltd, it is an essential condition of my employment that I am competent to perform the work as directed. If I am unable to perform the work pursuant to this clause I acknowledge that my employment will be terminated.

Signed: _____ Date: _____