Pump with the best. CITYWEST concrete pumping	**APPLICATION FOR EMPLOYMENT**	Doc No: CW-FRM-005 Revision 1 Issue Date: 6 March 2015

Position Applied For

Years of experience in this role

Personal Information

Last Name

First Name

Address

Post Code

Telephone (home)

Date of Birth / /

Age

Telephone (mobile)

Email address

In case of Emergency, Notify

Relationship

Telephone

Address *(if different from above)*

Post Code

Details of Previous Employers

Dates	Company	Position	Reason for Leaving
From: / / To: / /			
From: / / To: / /			
From: / / To: / /			

Have you been previously employed by Citywest Concrete Pumping? Yes ☐ No ☐

List Three Professional Referees

Name	Company	Address	Position	Telephone

Drivers Licence No.	Class	State	Expiry Date	Copy Provided
				Yes ☐ No ☐

Blue /White Card No.	Copy Provided
	Yes ☐ No ☐

Tickets / Qualifications / Certificates	State	Expiry Date	Copy Provided
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

Other Documents or Information that may assist you in obtaining employment with Citywest Concrete Pumping

SECTION 7 – HEALTH –WRITE YES OR NO IN BOXES PROVIDED

Note: *The information you provide in this section may be made available to the insurer in connection with any claim for workers compensation so it is important that your answers are correct. Section 79 of the Workers Compensation and assistance Act 1981 gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker had, at the time of seeking or entering employment, wilfully and falsely represented himself/herself as not having previously suffered from the disability, the subject of the claim for compensation.*

Any wilfully misleading or falsely represented information provided here may jeopardise any future claim and may also be an offence under the relevant accident compensation legislation.

1. Do you have any disability, condition or injury likely to or which may affect any aspect of your work performance which could be aggravated or accelerated as a result of the employment you seek?

2. Have you ever claimed workers compensation for any reason?

3. If "Yes" to question 2 above please provide details:

Injury:		Y		Time absent from work:	
Injury:		Y		Time absent from work:	
Injury:		Y		Time absent from work:	

Would you be willing to take:
A medical examination? Yes ☐ No ☐ Alcohol and other drug test? Yes ☐ No ☐

Physical / Health History

Worker to Complete (Please tick ✓)			If Yes, please explain
Are you being treated by any doctor for any illness or injury?	Yes ☐	No ☐	
Are you currently taking any medication (either prescribed or otherwise)?	Yes ☐	No ☐	
Do you have any known allergies?	Yes ☐	No ☐	
Have you been hospitalised for any illness or injury?	Yes ☐	No ☐	
Have you had any operations?	Yes ☐	No ☐	
If Yes, does it affect your work performance?	Yes ☐	No ☐	
Have you had a Tetanus injection within the last ten years?	Yes ☐	No ☐	
Have you had time off work in the last year due to injury or illness?	Yes ☐	No ☐	
Do you or have you ever had back or neck injury?	Yes ☐	No ☐	
Have you ever had, or been told by a doctor that you have a sleeping disorder, sleep apnoea or narcolepsy?	Yes ☐	No ☐	
Is there any reason why you cannot wear safety or protective equipment?	Yes ☐	No ☐	
Are you affected by heights or confined spaces?	Yes ☐	No ☐	
Do you have any disability?	Yes ☐	No ☐	
Do you have current Workers' Compensation claim?	Yes ☐	No ☐	
Have you had Workers' Compensation claim in the past or a work related injury or illness?	Yes ☐	No ☐	

General Medical Conditions

Please tick (✓) in the box beside any condition/s that you have now or have had at any time in your life

	High Blood Pressure		Lung problems/Asthma/Bronchitis		Tuberculosis		Hernia
	Fits/Seizures/Blackouts		Persistent Headaches/migraines		Diabetes		Any joint problems/fractures
	Arthritis/Rheumatism		Mental or Nervous troubles		Loss of hearing/ear infections		Visual impairments
	Stomach problems/Ulcers		Hepatitis/jaundice/Liver trouble		Skin disorders/Dermatitis		Repetitive strain/overuse injury

Please comment on all those you have ticked:

Ability to Perform Duties

Please tick (✓) in the box beside each activity with which you have difficulty

☐ Running 100 metres	☐ Crouching	☐ Standing for two hours	☐ Gripping firmly with both hands
☐ Hearing a normal conversation	☐ Understanding English	☐ Climbing a ladder	☐ Kneeling
☐ Lifting or bending	☐ Using hand tools	☐ Reading ordinary print	☐ Walking on rough road
☐ Sitting for two hours	☐ Turning your head rapidly	☐ Repetitive movements of the hand or arms	☐ Concentrating on what you are doing

Please comment on all those you have ticked

Have you had any exposure to the following in your past jobs			If Yes, please explain
Asbestos	Yes ☐	No ☐	
Chemicals	Yes ☐	No ☐	
Radiation	Yes ☐	No ☐	
Dust	Yes ☐	No ☐	

Prior to the commencement of work, personnel shall present themselves in a fit state for work and that they are not under the influence of alcohol or drugs and are not suffering from fatigue. If you do not meet the fitness for duty requirements, do not work.

Note: if you are unwell, on medication, whether prescribed or 'over the counter' type medication, and there is a risk that the medication may impair your ability to perform your tasks safely, you must inform your supervisor prior to the commencement of work.

The company will periodically assess individual's fitness for work through a range of strategies (including alcohol and drug screening) at various times including prior to the commencement of work, after an incident, where personnel appear unfit for work and at random times.

Declaration

I solemnly declare that each and every answer above in true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment. I understand that I may also be required to undergo random drug and alcohol screening at any times as directed by Citywest Concrete Pumping management and/or at client work sites.

I have read and understood all the company's terms and conditions of employment.

Signature _____ Date / /