

MARTIN CIVIL CONSTRUCTION APPLICATION FOR EMPLOYMENT

- * Note that completion of this form does not indicate any certainty that there is an obligation on our Company to engage the applicant completing this form.
- * This information is collected for the purposes of assessing suitability for employment
- * This application can be filled out jointly, applicant to sign.

Date

Name

Address

Contact Phone Numbers

Marital Status Age

Current Drivers License State Classes

Do you have any demerit points

Yes	No
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Do you have any previous driving convictions

Yes	No
-----	----

Do you have any criminal convictions

Yes	No
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Are you waiting to hear of charges in a civil or criminal court

Yes	No
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Do you have reliable transport to get to & from work

Yes	No
-----	----

Qualifications

Secondary School Attended

School qualifications gained

Do you have any trade qualifications

Yes	No
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Please expand

Employment History

Most recent Employer

Position Held

continued on next page

Employment History (cont)

Main Duties

How long did you work for this employer?

Reason for leaving

Next most recent Employer

Position Held

Main Duties

How long did you work for this employer?

Reason for leaving

Are you prepared to work overtime if required?

Yes

No

Are you prepared to work out of town?

Yes

No

What skills can you offer our company

Interest & Hobbies

Health & Safety

Do you suffer from any medical ailment or health problem that might affect your ability to work in the construction industry?

Yes

No

If yes, please specify¹:

The Company operates a drugs and alcohol policy intended to ensure employees attend work free from the influence of alcohol or drugs.

Do you agree to submit yourself to a pre-employment drug or alcohol urine test?

Yes

No

If no, please explain why^{2 3}:

Referees

Please provide the names and contact numbers of at least two referees that we may contact

OBTAINING OF INFORMATION

I consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorize the information sought to be released by them to you for the

purposes of assessing my suitability for employment for the position applied for. It is understood that information supplied will be evaluative material and will not be disclosed to me

Yes	No
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Signature

Date

FURTHER DECLARATION

It is declared that to the best of my knowledge the answers in the application are complete and correct and I understand that if any false or deliberately misleading information is supplied, or any material information is suppressed, I will not be accepted, or if I am employed, my employment will be terminated

Signature

Date

¹Please note we may require you to provide further medical information to assess your suitability for the role.

²A refusal to submit to a pre-employment drugs or alcohol test will be a factor taken into account when considering the application.

³The drug or alcohol tests are carried out through the services of a registered medical practitioner or suitably qualified equivalent. The test will be carried out in accordance with current Australian/New Zealand standard procedures for the collection, detection and quantification of drugs or alcohol in the urine.