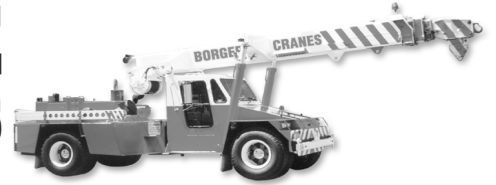




# BORGER CRANE HIRE AND RIGGING SERVICES

PTY LTD ABN 98 001 947 413



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PO Box 4186, Penrith Plaza NSW 2750

[www.borgercranes.com](http://www.borgercranes.com)

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## Employment Application Form

Date:		Position Applied For:	
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**Are you legally entitled to work in Australia?** Yes / No  
(Note you may be asked to provide proof of Residency / Visa details)

### Personal Details

Full Name:	
Current Address:	
Mobile Number:	
Home Number:	
Date on which you would be available to start work:	

### Workcover / National Certificates of Competency:

(Eg: OH&S General Induction Card, Cranes, Forklifts, Dogging, Rigging, Scaffolding, EWP, Power Close Approach, Working at Heights, RISI, Etc Etc)

License Types:	Card Number:	Issue Date:	Exp Date:

**Driver's License Details**

**Do you have a current Driver's Licence: Yes / No**

Drivers License No:	Category's Held:	Exp Date:	How long have you had your Drivers Licence / Heavy Vehicle Licence

**Have you ever been disqualified / suspended / refused from holding a drivers license: Yes / No**

If yes detail reasons for disqualification / suspension / refusal:	
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**Trade Qualifications / Experience Relevant to the Position Applied For**

High School / Secondary School Attended:	
Year Completed	
Tafe / Tertiary / Uni Attended:	
Grades / Courses Completed:	
Technical / Trade Tickets Held:	

**Employment History**

**(Show most current employer first, past three employers are required)**

<b><u>Employer Name &amp; Location</u></b>	
Position Held	
Employment Dates	
Reasons For Leaving	
<b><u>Employer Name &amp; Location</u></b>	
Position Held	
Employment Dates	
Reasons For Leaving	

<b><u>Employer Name &amp; Location</u></b>	
Position Held	
Employment Dates	
Reasons For Leaving	

**Details of Referees**

Name / Company:		Contact Number:	
Name / Company:		Contact Number:	
Name / Company:		Contact Number:	

**Medical / Health / Workers Compensation**

If offered a position, your employment is conditional that you meet certain medical requirements relevant to the performance of that position. You will be required to have a medical examination, inclusive of drug screening, which may be required from time to time.

Are you aware of any physical or health problems which may affect your performance in the position for which you have applied? Yes / No

Are you aware of any medication that you are allergic to? Yes / No

Have you even suffered from serious injury? Yes / No

If yes to any of the above, please give details. (Attach overleaf if required)

**Workers Compensation**

**(Detail all Workers Compensation claims throughout Australia (See also declaration below))**

<b><i>Date of Injury</i></b>	<b><i>Nature of Injury</i></b>	<b><i>Employer</i></b>	<b><i>Period of Compensation</i></b>

***If you have had any past or present claims, Please supply a letter from the Workers Compensation Authority confirming claims, if any. This is a mandatory requirement. (Please attach overleaf as required)***

**General**

If the job you have applied for requires overtime, weekend shift work and / or travel to work locations, are you able to do this at reasonable notice?

Yes / No

**Declaration**

I declare that the above information is true and correct. I understand that in the event of my employment by Borger Cranes, I shall be subject to dismissal if any information that I have given in this application is false or misleading, or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Borger Cranes to inquire into my past employment history and references as needed to research my qualifications for this position.

If employed, I agree to comply with Occupational Health and Safety Legislation's, all Borger Crane Hire company rules and instructions, including the wearing of protective clothing and safety equipment, site inductions and competency testing and company requirements.

I hereby acknowledge that I have read and agree to the above statement.

Name:

Signature:

Date:

**Office Use Only**

Interviewed by	
Position	
Decision	
Start Date	
Rate of Pay & Conditions	
<b>Employment approved by</b>	
Name	
Date	
Signature:	