



# BORGER CRANE HIRE AND RIGGING SERVICES



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## NEW EMPLOYEE APPLICATION FORM

Full Name:	DOB:	Age:
Current Address:	Postcode:	
Mobile Number:	Home Number:	
Email Address for pay slips:		

### Driver's Licenses Held

Driver's Licence No:	Category's Held:	Exp Date:
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License Types:	Card Number:	Issue Date:	Exp Date:
WH&S White Card			N/A
National Licence to Perform High Risk Work (HRW)	Categories:- Card # -		
RIW Card			
Verification of Competency - VOC	Categories:- RTO name:-		
<b>Projects you have worked on?</b>	<b>Is your induction current?</b>	<b>Start Date On That Project?</b>	

Superannuation Fund Name :		Superannuation Fund Member Number:	Supply on Induction day.
Long Service Number:	Supply on Induction day.	ACIRT Number:	Supply on Induction day.
Tax File Number:	Supply on Induction day.		

**Next Of Kin Details**

Contact Name:		Relationship:	
Mobile Ph No:		Home Ph No:	

**Banking Details**

Bank Name:	Supply on Induction day.	Account Name:	Supply on Induction day.
BSB:	Supply on Induction day.	Acc No:	Supply on Induction day.

*Are you legally entitled to work in Australia? Yes / No*

*(Note you may be asked to provide proof of Residency / Visa details)*

**\*Have you ever been disqualified / suspended / refused from holding a driver's 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>Employer Name &amp; Location</b>	
<b>Position Held</b>	
<b>Employment Dates</b>	
<b>Reasons For Leaving</b>	
<b>Employer Name &amp; Location</b>	
<b>Position Held</b>	
<b>Employment Dates</b>	
<b>Reasons For Leaving</b>	
<b>Employer Name &amp; Location</b>	
<b>Position Held</b>	
<b>Employment Dates</b>	
<b>Reasons For Leaving</b>	

**Details of Contactable Referees**

<b>Name / Company:</b>		<b>Contact Number:</b>	
<b>Name / Company:</b>		<b>Contact Number:</b>	

**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 & alcohol screening, which will be required from time to time.	
Do you have any physical, health or medical problems which may affect your ability to carry out the position you are applying for.	Yes / No
Are you allergic to any medication?	Yes / No
Have you ever suffered any serious injury?	Yes / No
If yes to any of the above, please give details.	
Have you ever had a Workers Compensation Claim? If yes, please give details below.	

