

Full Name:

BORGER GRANE HIRE AND RIGGING SERVICES



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Office / Depot 13B School Drive, Tomago NSW 2322 Phone: 02 4955 2429 Fax: 02 4953 2809

Age:

DOB:

NEW EMPLOYEE APPLICATION FORM

Current Address:				Postcode	:
Mobile Number:				Home Number:	
Email Address for pay	slips:				
		<u>Driver's License</u>	es Held		
Driver's Licence No:		Category's Held:		Exp Date:	
License Types:	Card Number:		Issue Date:		Exp Date:
WH&S White Card					N/A
National Licence to Perform High Risk Work (HRW)	Categories:-				
RIW Card	00.0.11				
Verification of Competency - VOC	Categories:- RTO name:-				
Projects you have worked on?	Is your induction current?		Start Date Or Project?		

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:	
	Banki	ng Details	
Bank Name:	Supply on Induction day.	Account Name:	Supply on Induction day.
BSB:	Supply on Induction day.	Acc No:	Supply on Induction day.
*Have you eve Yes / No	ed to work in Australia? ked to provide proof of Residency / Visa r been disqualified / suspend	•	ng a driver's license:
yes detail reasons for squalification / suspens fusal:	sion /		
	Trade Qualifications / Experience Re	elevant to the Position Applied For	
gh School / Secondary hool Attended:			
ar Completed			
fe / Tertiary / ni Attended:			
ades / Courses impleted:			
chnical / Trade ckets Held:			

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

Employer Name & Lo	ocation				
Position Held					
Employment Dates					
Reasons For Leaving					
Employer Name & Lo	ocation				
Position Held					
Employment Dates					
Reasons For Leaving					
Employer Name & Lo	ocation				
Position Held					
Employment Dates					
Reasons For Leaving					
		Details of Contactable R	eferees_		
Name / Company:			Contact		
			Number:		
Name / Company:			Contact Number:		
	Me	dical / Health / Work	ers Compo	nsation	
If affared a masiking					
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				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.					

<u>Workers Compensation</u>
(Detail all Workers Compensation claims throughout Australia (See also declaration below)

Date of Injury	Nature of Injury	Employer	Period of Compensation		
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)					
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: (Sign on Induction Day)				
Please email completed Application to:- admin@borgercranes.com					