



DAVBRIDGE PROPERTIES PTY LTD
T/as DAVBRIDGE CONSTRUCTIONS

EMPLOYMENT APPLICATION

CONFIDENTIAL

RETURN COMPLETED FORMS TO:

**Payroll Department
Davbridge Properties Pty Ltd
T/as Davbridge Constructions
60 Notar Drive
Ormeau Qld 4208
Telephone: (07) 5549 2388 Facsimile (07) 5549 2366**

ABN: 23 065 240 002



DAVBRIDGE PROPERTIES PTY LTD

T/as DAVBRIDGE CONSTRUCTIONS

Application for Employment

POSITION APPLIED FOR: _____

1. YOUR NAME: *(Please use Block Letters)*

Surname: _____
 Given Names: _____

2. YOUR HOME ADDRESS:

Number & Street: _____
 Suburb/Town: _____
 State: _____ Postcode: _____
 Home Telephone: _____ Mobile: _____

3. ARE YOU OVER THE MINIMUM AGE FOR EMPLOYMENT? YES NO

Date of Birth: _____

4. PRESENCE IN AUSTRALIA:

Status under which application is made: Australian Citizen
 Permanent Resident
 Visa Status _____

5. DO YOU HAVE A CURRENT DRIVERS LICENCE?

Yes No
 Licence No: _____ Place of Issue: _____
 Expiry Date: _____ Classification: _____

6. PARTICULARS OF PREVIOUS EMPLOYMENT – MINIMUM OF 5 YEARS: (Attach resume, if available, to provide further details and copies of certificates/qualifications)

Company: _____
 Address: _____
 Position Held: _____ Duties: _____
 Date of Employment: _____ Manager/Supervisor: _____

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7. HAVE YOU WORKED FOR DAVBRIDGE CONSTRUCTIONS BEFORE?

Yes (If yes give details)

 No

8. MEDICAL:

- a) Do you agree to undergo a medical examination both pre and post employment: Yes No
- b) Do you agree to undertake random drug and alcohol testing if required? Yes No
- c) Do you have any medical condition which prevents you from wearing approved personal safety equipment including, but not limited to, safety boots, eye protection ear protection, hard hat, safety harness? Yes No
 If yes, please list details _____

- d) Do you have any medical restrictions/objections to working at heights when required? Yes No
- e) This position may require you to carry out tasks and duties where your safety and health and the safety and health of others are involved. Are you aware of any reasons why you may not be able to carry out these tasks and duties and do you have injuries or impairments that may be affected by these tasks and duties of which may present you from adequately carrying out these tasks and duties? Yes No
- f) Do you hold a First Aid Certificate? Yes No
 Date of Expiry _____
- g) Are you prepared to take a First Aid Course? Yes No
- h) Do you hold any Certificates/Tickets or Trades? Yes No
 If yes, please give details _____

Please attach to this application where applicable, the copies of the following documents:

- General Industry Safety Induction Yes No
- Driver's Licence Yes No
- Proof of other Licences held Yes No
- Apprenticeship papers Yes No
- Superannuation Card Yes No
- Long Service Leave Card Yes No
- Trade Award Yes No
- Certificate(s) of Competency Yes No
- First Aid Certificate Yes No
- Document establishing status stay in Australia (ie. Visa) Yes No
- Birth Certificate (If under 18 years) Yes No
- Any available references Yes No

PLEASE ENSURE QUESTIONS 1 TO 9 HAVE BEEN COMPLETED

9. DECLARATION:

- I understand and agree that it is a condition of my employment that:**
- I am willing to work overtime as required by the Project. Yes No
 - I am willing and able to work at heights. Yes No
 - I will abide by all Company Procedures/policies and regulations including Site Safety Rules. I understand and agree that failure to do so can be regarded as sufficient cause for termination of employment. Yes No
 - I accept that I may be required to participate in drug and alcohol testing programs (including breath, urine, and/or blood sampling) Yes No
 - I understand the place of engagement is at the Site, and that the terms of employment will be strictly in accordance with the relevant Site Agreement of Award Conditions. Yes No
 - I accept that I will be paid by electronic fund lodgment into a bank account which I nominate. Yes No

I agree to my PREVIOUS employers being requested to furnish a confidential report of my services or any other information that will assist determining my suitability for employment.

I, _____ (Full Name) declare that, to the best of my knowledge, the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be considered for employment. If I am employed, my employment may be immediately terminated should such information be found to have been given,

Signed: _____ Date: _____
 Applicant