



Head Office: 33-35 Eastern Road Traralgon Postal: PO Box 101 Traralgon VIC 3844 Tel: (03) 5174 4299 Email: info@tindustries.com.au

POSITION(S) APPLIED FOR:

LOCATION(S) APPLIED FOR:

TYPE OF EMPLOYMENT APPLIED FOR FULL TIME PART TIME CASUAL OTHER

ARE YOU ABLE TO WORK SHIFT WORK? YES NO

ARE YOU WILLING TO BE EMPLOYED VIA: AUSTRALIAN WORKPLACE AGREEMENT YES NO

UNION AGREEMENT YES NO

NON-UNION AGREEMENT YES NO

SECTION 1: PERSONAL PARTICULARS

PREFERRED TITLE: MR MRS MISS MS (please tick)

SURNAME

GIVEN NAMES

ADDRESS

TELEPHONE HOME:

OTHER/BUSINESS:

DATE OF BIRTH: (required for identification purposes only)

ARE YOU A PERMANENT RESIDENT OR CITIZEN OF AUSTRALIA? YES NO

(IF 'NO' PLEASE PROVIDE THE FOLLOWING DETAILS):

SECTION 2: EDUCATION & QUALIFICATION DETAILS

HIGHEST LEVEL OF EDUCATION ACHIEVED:

DETAILS OF ANY OTHER STUDIES:

CERTIFICATE OF COMPETENCIES/LICENSES/TRADE PAPERS:

	DESCRIPTION	CLASS	CERT./LICENCE No.	EXP. DATE
TRADE PAPERS				
DRIVERS LICENCES				
RIGGING				
SCAFFOLDING				
FORKLIFT LICENCE				
OTHER				
PLEASE ATTACH PHOTOCOPIES OF ANY RELEVANT CERTIFICATES OF COMPETENCIES, LICENSES AND TRADE PAPERS TO THIS APPLICATION FORM				



SECTION 3: EMPLOYMENT DETAILS

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY TRARALGON INDUSTRIES? YES NO

Provide details of previous employment history for last five years. All time must be accounted for, including periods of unemployment, travel etc (commence with current employment).

CURRENT EMPLOYER: _____ PHONE No: _____

EMPLOYED FROM: _____

POSITION HELD: _____

PROJECT OR ADDRESS OF EMPLOYER: _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

CURRENT EMPLOYER: _____ PHONE No: _____

EMPLOYED FROM: _____

POSITION HELD: _____

PROJECT OR ADDRESS OF EMPLOYER: _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

CURRENT EMPLOYER: _____ PHONE No: _____

EMPLOYED FROM: _____

POSITION HELD: _____

PROJECT OR ADDRESS OF EMPLOYER: _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

CURRENT EMPLOYER: _____ PHONE No: _____

EMPLOYED FROM: _____

POSITION HELD: _____

PROJECT OR ADDRESS OF EMPLOYER: _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

CURRENT EMPLOYER: _____ PHONE No: _____

EMPLOYED FROM: _____

POSITION HELD: _____

PROJECT OR ADDRESS OF EMPLOYER: _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____



SECTION 4: REFEREES

NOMINATE THREE WORK REFEREES

NAME	CONTACT DETAILS	RELATIONSHIP e.g. Supervisor
1.		
2.		
3.		

SECTION 5: EXPERIENCE

PLEASE INDICATE THE APPROXIMATE NUMBER OF YEARS EMPLOYED IN THE FOLLOWING AREAS

AREA	NO. YEARS	AREA	NO. YEARS	AREA	NO. YEARS
COMMERCIAL		MAINTENANCE		OIL & GAS	
INDUSTRIAL		CONSTRUCTION		PETROCHEMICAL	
WORKSHOP		MANUFACTURING		MINING	

SECTION 6: WORKERS' COMPENSATION

A previous workers' compensation claim is not a barrier to the consideration of an application for employment. However, to assist in assessing opportunities for your placement in appropriate employment, indicate if you have ever made a claim for workers' compensation. YES NO

EMPLOYER (IF APPLICABLE)	INSURANCE COMPANY	APPROX DATE	NATURE OF INJURY

TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU OF SOUND HEALTH? YES NO

IF NO, PLEASE GIVE DETAILS

Applicants who have a health condition are invited to discuss its relevance or otherwise to their prospects for employment with the interviewing officer.

SECTION 7: DISABILITY

A disability or injury is not a barrier to the consideration of an application for employment. However, to Assist in assessing opportunities for your placement in appropriate employment, please indicate whether you have a disability, injury or illness likely to affect your work performance or which could recur or be aggravated by the type of work for which you are applying.

YES NO IF YES PLEASE GIVE DETAILS



SECTION 8: VARYING WORK CONDITIONS

Inability to work under varying conditions is not a barrier to the consideration of an application for Employment. However, to assist in assessing opportunities for your placement in appropriate employment, Please indicate whether you are prepared to work in the following conditions.

- A. WORK AT HEIGHT YES [] NO []
B. WORK FROM SCAFFOLD YES [] NO []
C. WORK IN A CONFINED SPACE YES [] NO []
D. WORK IN A CONTROLLED ASBESTOS REMOVAL ENVIRONMENT YES [] NO []
E. UNDERTAKE A PULMONARY LUNG FUNCTION TEST OR CHEST X-RAY WHEN REQUIRED IF WORKING WITH ASBESTOS YES [] NO []
F. HANDLE INSULATION MATERIALS, E.G. SYNTHETIC MINERAL FIBRE YES [] NO []
G. WORK SHIFT WORK WHEN REQUIRED YES [] NO []
H. WORK OVERTIME WHEN REQUIRED YES [] NO []
I. WEAR AN IDENTIFICATION BADGE YES [] NO []
J. WEAR PROTECTIVE RESPIRATORY DEVICES YES [] NO []

SECTION 9: PRIVACY ACT

Within reason, Traralgon Industries may contact any of your previous employers or referees shown on This application to assist in the clarification and confirmation of employment details you have specified. IF YOU DO NOT WISH TRARALGON INDUSTRIES TO CONTACT YOUR PREVIOUS EMPLOYERS, PLEASE TICK THIS BOX []

If you do not tick the box then you consent to clarification being obtained.

SECTION 10: DECLARATION

- 1. I certify that the information set out above is, to the best of my knowledge and belief, true and Accurate in every detail.
2. I understand the company reserves the right to verify all information detailed on the application and that false statements will be sufficient cause for my rejection as an applicant, or my dismissal if hired.
3. I understand i will be regarded as a 'probationary' employee for a period specified at the time of Commencement of employment.
4. I agree to have a pre-placement medical examination which also includes drug, alcohol and audiometry testing.
5. I agree as a condition of my employment to fully participate in the company's fitness for work Program and any workplace drug and alcohol testing program.
6. I agree to comply with the company code of conduct, all safety rules, regulations and procedures, and to follow all safety directions.

YES [] NO []

SIGNATURE:

DATE:

PRINT NAME HERE