

# BEDROCK

QUARRY PRODUCTS & BULK TRANSPORT



## APPLICATION FOR EMPLOYMENT

Please fill in this form and attach copies of any references, qualifications or achievements. This application form is to be completed by all persons applying at Bedrock Quarry Products for any level of employment. These will be some sections of this application that don't refer to the position you are applying for, please complete all sections, where you have personal information to record.

## PRIVACY STATEMENT

- Information requested within this application is needed to consider your suitability for the position applied for.
- If successful this information will be kept on your personal file and on the computer and hard copy, available only to yourself management of Bedrock Quarry Products.

## POSITION(S) APPLYING FOR:

Title: Mr, Mrs, Ms or Miss (please circle)

Preferred Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you an Australian Citizen:

Yes  No

If no, do you have the legal right to work in Australia:  
(You will be asked to provide proof of your right to work)

Yes  No

**EDUCATION/QUALIFICATIONS** (please produce originals for copying)

**Education Level/Qualification**

**Date Obtained**

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**TICKETS/CERTIFICATES OF COMPETANCY** (please produce originals for copying)

Drivers Licence Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Ticket/Certificate**

**Certificate Number**

**Date Obtained**

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**TRAINING** (please produce originals for copying)

Have you completed the WorkCover General Induction? No / Yes If yes Card Number \_\_\_\_\_

Do you hold a Transport Industry Blue card ? No / Yes If so card Number \_\_\_\_\_

Do you have a current First Aid Certificate? No / Yes Expiry Date: \_\_\_\_\_

Other training courses completed: ( Hanson, Boral, Holcim inductions)

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**EMPLOYMENT HISTORY:**

Tell us about your work history for your previous jobs.

**Current Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Can we contact your current employer? Yes  No

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Project or Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Project or Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Project or Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Project or Address of Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

## EXPERIENCE & SKILLS:

In which of the following have you had experience?

	<i>Last 5 years</i>	<i>Total years experience</i>		<i>Last 5 years</i>	<i>Total years experience</i>
<b>Plant Operation</b>			<b>Office/Admin</b>		
Rigid Truck	<input type="checkbox"/>	_____	Accounts	<input type="checkbox"/>	_____
Truck & Dog	<input type="checkbox"/>	_____	Allocations	<input type="checkbox"/>	_____
A-Double	<input type="checkbox"/>	_____	Reception	<input type="checkbox"/>	_____
B- Double	<input type="checkbox"/>	_____	Sales	<input type="checkbox"/>	_____
<b>Fleet Maintenance</b>	<input type="checkbox"/>	_____	HR	<input type="checkbox"/>	_____
Auto Electrician	<input type="checkbox"/>	_____	Payroll	<input type="checkbox"/>	_____
Boiler Maker	<input type="checkbox"/>	_____	Management	<input type="checkbox"/>	_____
Fitter – Plant	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	_____
Truck Mechanic	<input type="checkbox"/>	_____	<b>PC Skills</b>		
Plant Mechanic	<input type="checkbox"/>	_____	Word	<input type="checkbox"/>	_____
Diesel Mechanic	<input type="checkbox"/>	_____	Excel	<input type="checkbox"/>	_____
Spray Painter	<input type="checkbox"/>	_____	PowerPoint	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	Publisher	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	MYOB	<input type="checkbox"/>	_____

**TELL US ABOUT ANY OTHER JOBS YOU HAVE WORKED ON AND YOUR SKILLS AND EXPERIENCE:**

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## REFEREES

Please list two people you have worked for that we can contact. You can also include one non-work referee.

- Name: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)
- Name: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)
- Name: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

## MEDICAL INFORMATION – Confidential Information

Please circle

- Do you or have you suffered from:
  - Any back problems? No / Yes Give Details \_\_\_\_\_
  - Any other disability? No / Yes Give Details \_\_\_\_\_
  - Other health problems? No / Yes Give Details \_\_\_\_\_
- Please state any existing medical conditions, known allergies and current medication/s?  
(eg asthma, diabetes, epilepsy, heart condition, sleep apnoea)  
\_\_\_\_\_
- Do you have any physical disability or medical condition that may affect your employment? No / Yes  
If yes give details \_\_\_\_\_
- Have you ever had a work related injury or illness resulting in a Worker's Compensation Claim?  
(including hearing claims)  
No / Yes How many times? \_\_\_\_\_ (If more than one attach a separate sheet with full details):
  - Do you have any current or pending claims? YES / NO
  - Please state the nature of the condition(s):  
\_\_\_\_\_
  - How long were you off on Workers Compensation? \_\_\_\_\_
  - Have you had a recurring condition following this or any other claim? No / Yes

## DECLARATION

### ARE YOU PREPARED TO:

Please circle your answer

- |  |          |
|--|----------|
| Follow company instructions, procedures & policies?              | YES / NO |
| Work to the best of your competence and capability?              | YES / NO |
| Follow current legislative requirements CoR?                     | YES / NO |
| Have a pre employment medical, which includes a drug test?       | YES / NO |
| <b><u>Provide a current RMS licence printout as record ?</u></b> | YES / NO |
| Let us contact former employers?                                 | YES / NO |

I DECLARE THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND I MAY BE TERMINATED IF I KNOWINGLY MAKE ANY FALSE OR MISLEADING STATEMENTS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Print Name and Sign)

This section is to be completed by our internal staff