



employment application form

proud makers of the B&J fully-welded-steel frame and truss system

Position applied for:	When complete return to: 272 Port Drive, Broome PO Box 1308, Broome Facsimile: 08 9192 6264
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First Name: _____ Last Name: _____

Residential Address: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Date of Birth: ____ / ____ / ____ Email: _____

We are required to keep statistics on our staff, your answer to the following question will not affect your chances of getting a job.

Do you identify as an Aboriginal or Torres Strait Islander ? Yes No If yes please indicate which language or native title groups you identify with:

Trade Qualifications and certificates only give details where you can provide the original or certified copy:

Skills, experience and training undertaken:

Do you have First Aid Experience / Certificates? Yes No

If yes, please provide details: _____

Signature of applicant Date:.....

Signature of interviewer..... Date:.....



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Work Experience: (Please print details of your last three years work)

Name and Address of Employer: _____

Position Held: _____

Duties Performed: _____

Date From: ____ / ____ / ____

Date To: ____ / ____ / ____

Name and Address of Employer: _____

Position Held: _____

Duties Performed: _____

Date From: ____ / ____ / ____

Date To: ____ / ____ / ____

Name and Address of Employer: _____

Position Held: _____

Duties Performed: _____

Date From: ____ / ____ / ____

Date To: ____ / ____ / ____

Additional copies of this page are available on request

Signature of applicant

Date:.....

Signature of interviewer.....

Date:.....



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All sections must be completed.

Please indicate if you hold a valid Drivers License: A C Learners/suspended License No. _____

Please state any other type of licenses you hold: _____

Do you have any criminal convictions relating to a workplace? Yes No

If yes we will ask you about these at your interview.

How would you rate your condition of health?

	Excellent	Good	Average	Below Average
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyesight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health History	Yes	No	If yes, provide details
Do you have any disability, serious illness or disease which would prohibit you from performing safely the duties required of this position?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other health condition that we should be aware of? (eg Diabetes, Asthma, Vertigo)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you receiving medical treatment at the present time?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any regular medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any known allergies? (Including allergies to drugs, animals and pollens).	<input type="checkbox"/>	<input type="checkbox"/>	
Have you in the past or do you suffer from any painful conditions of the back, neck, shoulders, muscles, limbs or joints?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any restrictions with vision, speech, language or hearing?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any conditions involving your circulatory system, such as high blood pressure, heart attacks or angina?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you or have you ever suffered from blackouts, epilepsy or paralysis?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have or have you ever had a hernia?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had any operations involving bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you any other health issues that have not been mentioned above or about which you would like to provide further details?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever claimed Workers' Compensation for injuries?	<input type="checkbox"/>	<input type="checkbox"/>	

Important Note: Section 79 of the Workers' Compensation and Injury Management Act 1981 states

Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury an arbitrator may in the arbitrator's discretion refuse to award compensation which otherwise would be payable.

Signature of applicant

Date:.....

Signature of interviewer.....

Date:.....



DECLARATIONS

The information I have given on this form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false or misleading information will disqualify me from employment with Kimberley Manufacturing Pty Ltd (KMPL).

- 1) KMPL is authorized to remit net wages to my bank account.
- 2) I understand that by virtue of the provision of section 79 of the Workers Compensation and Rehabilitation Act (1981), a future claim for workers' compensation may be in jeopardy if I have failed to divulge relevant information about my past or present medical history that may impact upon my employment.
- 3) I understand safety is everyones responsibility and that KMPL make every effort to provide a safe working environment and that I agree to maintain that safe working environment. I am aware of the problems of alcohol and drug abuse and that KMPL have a policy of zero tolerance to these. Should I be required to take breathalyser, blood or urine testing, I agree to participate in that testing and that detection of levels in excess of occupational health and safety standards could affect my employment.
- 4) I understand that having provided KMPL with my drivers licence details that I authorize B&J to undertake a currency check with DPI and to also advise KMPL if any driving infringement or fines enforcement action occurs that affects it's validity.
- 5) I understand that I am commencing work with KMPL on a casual basis and that the rates and allowances being paid to me have been determined having regard to the minimum rates and entitlements set out in the relevant award (noted in the employment contract).
- 6) The first six (6) months of my employment is a probationary period. At the end of that period a performance appraisal shall be carried out and discussions will be held with me and management, for a possible offer of appointment to our staff (wages).
- 7) I understand that as a casual employee, I will be advised of the requirements to attend work for the following day on a daily basis by my supervisor. I also undertake to confirm my availability for work the next day required with my supervisor.
- 8) I understand that KMPL have a policy on Mobile Phones. I am aware I cannot use my Mobile Phone in working hours.
- 9) I understand that any Sick Leave I take as a Salaried Staff person, I must ring in to my Supervisor on that day immediately after 7am or as close as practical. Failure to do this, may result in my not being paid Sick Leave. Any days after taking two (2) days in any one year (singularly/or together)I will need a Doctor's Certificate. Sick Leave Forms must be filled out the day of my return and handed to my Supervisor.
- 10) I understand that my wage is 'Private and Confidential' and will not divulge any of my details to my fellow workers.

Signature of applicant Date:.....

Signature of interviewer..... Date:.....



ABSENTEEISM

Your timely attendance at work is crucial to making the business run smoothly. We must meet production requirements to satisfy our customer's demands. You need to do your part in achieving this goal, and one way is to maintain a good attendance record. Any absence or lateness becomes a part of your employment record.

Punctuality Requirements

Employees are expected to be at their work stations on time. Lateness is defined as being at your work station at least Zero minutes past your scheduled starting time. You should also notify the appropriate person when you know you may be late for work. Being on time makes it easier for all of us because missing staff disrupts our essential teamwork. Being late for work or leaving the job station before quitting time will be considered cause for disciplinary action.

Counting Absences

Here are the rules for how absences will be counted:

An unscheduled absence for at least one-half the workday will be counted as one occurrence.

An absence for one or more consecutive workdays will be considered one occurrence. For example, if you're out two consecutive days, that will count as one occurrence.

If an employee returns from an absence (due to an illness) and goes out again due to the same illness after being at work for no more than one day, then the absence will be counted as one occurrence.

Repeated occurrences will result in verbal counseling, written counseling, and/or suspension or termination of employment.

Procedure

In the event that you are unable to come to work, be sure to call in and let the appropriate person know, in advance where possible, but no later than your regular starting time, so that arrangements for other help can be made.

Annual Leave days must be scheduled at least 60 days in advance, except in cases of emergency.

Employees may be granted excused absences for sickness/illness when the appropriate person is notified prior to the start of work. Pre-scheduled medical/professional appointments (lawyers, clergy, counselors, etc.) or other compelling reasons, with prior supervisory approval, may also be considered as excused absences.

Absence of three or more consecutive scheduled working days without notifying the appropriate person will be considered as a voluntary termination, and you will be removed from the payroll.

Authorized Absence Documentation

We will require documentation of authorized reasons for absence, such as sick leave or jury duty, and may also verify the documentation where appropriate.

We will not authorize any retrospective leave applications around a Public Holiday, unless prior documentation has been approved by your Supervisor you will receive a written warning in the event of being absent or unfit to work in the days immediately before and after a public holiday.

OFFICE USE ONLY

- Application completed and checked. Photo Id copied Drivers License copied Driving History form
- Pay deduction from competed Other licenses, trade & First Aid certificates copied Dress req. explained
- Employment references checked Basis of employment explain casual / permanent Bank details form complete

Pay Rate: \$ _____ per hour Casual Temp Full – time Perm Full – time

Start Date: ____ / ____ / ____ **Proposed staff buddy:** _____

Note: the interviewer is responsible for ensuring a full induction is provided to the new employee.

Signature of applicant

Date:.....

Signature of interviewer.....

Date:.....



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Start of employment information (only fill out after employee has been offered a start)

BANK AUTHORITY

I acknowledge that if I make an error on the bank details here that my pay may be delayed and I will not hold KMPL responsible for this:

Bank Name: _____

Branch Number: _____

Account Name: _____

Account No.: _____

Split wage details

Staff may direct their wages into up to two bank accounts, the account above will receive whatever pay is left after the payment into the account below:

\$s or % to be paid into this a/c:.....

Bank Name: _____

Branch Number: _____

Account Name: _____

Account No.: _____

Superannuation fund details:

Fund name: _____

Account number: _____

Fund contact details: _____

Person to Notify in Case of Emergency

Name: _____

Relation: _____

Telephone: _____

Mobile: _____

If this person works at KMPL please supply one other contact.

Tax declaration

Have you completed the attached tax declaration?

AUTHORITY to deduct

From time to time, during the course of my employment, I may make a written request to you to purchase work related items on my behalf, using your commercial purchase accounts.

At the time of making any purchase request I will give you specific written authorization to deduct payment for those items from my weekly wages.

In the event of my leaving the employment of KMPL, you are authorized to deduct from my wages any amount owing for pre agreed purchases.

Signature: _____

Date: ____ / ____ / ____

Signature of applicant

Date:.....

Signature of interviewer.....

Date:.....