



KPI GROUP

UNIT 22, 74 THOMSONS ROAD

KEILOR PARK VIC 3042

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Application for Employment

Date of Application: __/__/__

Position Applied:			
Personal Details:			
Surname:		Christian Names:	
Address:			
Mobile Phone:		Home Phone:	
Email:			
Date of Birth:		Tax File Number:	
Marital Status:		Age:	
Emergency Contact:			
Name:			
Address:			
Phone No:		Relationship to you:	
Memberships:			
Trade Union:	CFMEU / Other Union:	Member No.	
Long Service Leave Fund:	COINVEST / Other Fund:	Member No.	
Redundancy Fund:	INCOLINK/ Other Fund:	Member No.	
Super Fund:	CBUS / Other Super Fund:	Member No.	
Clothing Sizes:			
Long Pants:	Short Pants:	Jacket:	Shirt:
Boots:	Overalls:	Hat:	Gloves:

Certificates / Accreditation Details (PLEASE LIST)		
DETAILS:	Certificate No:	Date Completed
Whitecard / Redcard		
Current Drivers Licence:	Licence No:	State

Worksafe Certification of Competency Held:			
Worksafe #	Circle competencies held		
Dogging	DG - Dogging		
Rigging	RB - Basic Rigging	RI - Intermediate Rigging	RA - Advanced Rigging
Scaffolding	SB - Basic Scaff	SI - Intermediate Scaff	SA- Advanced Scaff
Loadshift/Forklift	LF - Forklift Truck	LO - Order Picking Forklift	
Hoists	HM - Material	HP - Personnel & Material	
Crane	CT - Tower Crane	CD - Derrick Crane	CN - Non Slewing
	CV - Vehicle Loading	C2 - Slewing up to 20T	C6 - Slewing up to 60T
	C1 - Slewing up to 100T	CO - Slewing over 100T	CB - Bridge & Gantry
	CP - Portal Boom		
Elevated Work Platform	WP - Boom Type EWP		

**ANY CERTIFICATES HELD ARE REQUIRED IN PHOTOCOPY FORM UNDER OUR OFFICE REQUIREMENTS.
EMPLOYMENT CANNOT BE OFFERED WITHOUT SUCH COPIES.**

EMPLOYMENT HISTORY:

Please answer all questions. Your application may not be considered if you do not provide all the information requested. Beginning with your most recent employment, please provide details of the last 5 years including any periods of unemployment. Supervisor's names and numbers must be correct.

PREVIOUS EMPLOYER	
POSITION:	
EMPLOYED FROM:	TO:
NAME OF SUPERVISOR:	CONTACT NUMBER:
REASON FOR LEAVING:	

PREVIOUS EMPLOYER	
POSITION:	
EMPLOYED FROM:	TO:
NAME OF SUPERVISOR:	CONTACT NUMBER:
REASON FOR LEAVING:	

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POSITION:	
EMPLOYED FROM:	TO:
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EMPLOYED FROM:	TO:
NAME OF SUPERVISOR:	CONTACT NUMBER:
REASON FOR LEAVING:	

PREVIOUS EMPLOYER	
POSITION:	
EMPLOYED FROM:	TO:
NAME OF SUPERVISOR:	CONTACT NUMBER:
REASON FOR LEAVING:	

Employment dates (Month/Year)	Company Name	Position Held	Supervisor	Phone Number

FITNESS FOR WORK:

It is important that you are medically fit to perform the duties associated with the occupation or positions you are Registering or applying for:

Do you agree to undergo a full pre-employment medical assessment (including a drug and alcohol screen) at the Company's expense? YES NO

Part of the company's fitness for work policy includes a drug and alcohol testing program to help ensure Employees are not impaired whilst at work. Do you agree to participate in this program?

YES NO

Depending on the requirements of the work, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you working at heights?

YES NO

Depending on the requirements of the work, some activities may be carried out in confined spaces. Is there any medical condition or other reason to prevent you working in confined spaces?

YES NO

Do you agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs on the project?

YES NO

HEALTH HISTORY QUESTIONNAIRE:

The following information is being sought to assess your ability to perform the essential duties required of the position.

Important Note: Section 79 of the Workers compensation & rehabilitation 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 a disability, wilfully & falsely represented himself as not having previously suffered from the Disability a dispute resolution body may in its discretion refuse to award compensation which otherwise would Be payable.

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?			
Do you have any other health condition that we should be aware of? (e.g. diabetes, asthma)			
Are you receiving medical treatment at the Present time?			
Do you take any regular medication?			
Do you have any known allergies? (including allergies to drugs, animals and pollens)			
Have you in the past or do you now suffer any painful conditions of the neck, shoulders, muscles, limbs or joints?			
Do you have any restrictions with vision, speech, language or hearing?			
Do you have any conditions involving your circulatory system, such as high blood pressure, heart attacks or angina?			
Do you now or have you ever suffered from blackouts, epilepsy or paralysis?			
Do you have or have you ever had a hernia?			
Have you ever had any operations involving bones or joints?			
Have you any other health issues that have not been mentioned above or about which you would like to provide further details?			
Have you ever claimed workers compensation for injuries?			

Work Status – Non-residents

Do you currently have a work permit or visa to work in Australia YES NO
 Are you legally entitled to work in Australia YES NO

Please supply details of valid work visa / permit (photocopy of passport and visa is required)

Visa Type	Valid Until

Applicant's Signature	Date
Manager's Signature	Date

HEALTH AND SAFETY STATEMENT:

The management has a personal commitment to the health and safety of every one of its workers. We are striving to be one of the acknowledged leaders in the field and are aiming for a main objective of injury and accident free workplaces.

We work to eliminate all practices, hazards and behaviours that are responsible for accidents, injuries and illness to all employees, contractors and visitors.

Main Objectives

The main primary objectives of this policy statement are as follows;

- To comply with all relevant statutory acts and regulations
- To provide all required resources to set up and maintain safe working systems
- Maintain all health and safety competency and integrate this into all aspects of business at all levels
- Continuously strive to improve health and safety performance
- Provide continual and regular health and safety training for all personnel
- Employ only personnel who have a personal standard that aligns itself with this policy statement and standards set by the company and its client
- Have a working philosophy that all incidents are able to be prevented and to promote this as an achievable working goal
- Provide site specific training for all personnel on an ongoing basis

Each and every manager, supervisor employee and contractors are responsible for the health and safety of their working environments and are personally accountable to maintain these standards.

All personnel are required to follow all site and company rules and regulations, report all hazards and incidents to their supervisors.

Statement			
I acknowledge that I have received and read the health and safety induction booklet			
In signing this application for employment, I acknowledge that any misrepresentation of facts is sufficient for dismissal.			
APPLICANTS SIGNATURE			
APPLICANTS NAME		DATE:	

WAGE PAYMENT DETAILS:

Your wages will be paid weekly directly into you nominated bank account.

Please provide the following information:

Account Name

Bank Name & Branch

Branch no. (BSB)
(This is a 6 digit number)

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Account No:

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Signature

Payslips will be emailed unless a mailing address is listed below:
