Concreting WA Pty Ltd

EMPLOYMENT APPLICATION FORM

By completing this s Employment Application Form, you are confirming your Registration of Interest of employment with Concreting WA Pty Ltd (CWA).

PLEASE READ AND ENSURE YOU UNDERSTAND THE FOLLOWING BEFORE COMPLETING THIS FORM.

1. Complete all sections. Incomplete forms will not be processed.
2. Attach photocopies of supporting documentation such as licenses and certificates to this form. Do not attach originals. Your registration will not be processed until you provide copies of supporting documentation.
3. Submitting this form is not an offer of employment and does not guarantee employment.
4. We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.

SECTION 1 – PERSONAL INFORMATION

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Surname: First Name (s):

Preferred Name: **Date of Birth**:

Residential Address:

Suburb: State: Post Code: Country: Australia

Mobile: Home Ph: Other Ph:

Email:

Bank: Acc Name:

Bank BSB No: Bank Acc No:

Current Occupation: Notice Period: ☐ 1 Week ☐ 2 Weeks ☐ Other:

Languages Spoken/ Written (other than English):

Do you identify yourself as Aboriginal or Torres Strait Islander: ☐ Yes ☐ No

Are you an Australian Citizen: ☐ Yes ☐ No

Passport No: Country of Issue: Expiry Date:

or Birth Certificate Registration No:

(If you are not an Australian resident you must show that you possess and immigration visa that allows you to work in Australia)

Name of Visa/Permit:

Visa No: Issue Date: Expiry Date:

SECTION 2 – EMERGENCY CONTACT INFORMATION (YOU MUST SUPPLY TWO CONTACTS)

THE PEOPLE YOU LIST MUST BE A NEXT OF KIN WHO CAN BE CONTACTED IN THE EVENT OF AN EMERGENCY. THEY CANNOT BE YOUR EMPLOYER. A POST OFFICE BOX IS NOT ACCEPTABLE.

Surname: First Name: Relationship:

Residential Address:

Suburb: State: Post Code: Country:

Mobile: Home Ph : Email:

Surname: First Name: Relationship:

Residential Address:

Suburb: State: Post Code: Country:

Mobile: Home Ph: Email:

SECTION 3 – CONSTRUCTION / PROJECT EXPERIENCE

Have you ever worked for or applied for a position with Concreting WA Pty Ltd? ☐ Yes ☐ No

(If Yes) Site: Year:

Have you ever worked in the construction industry?: ☐ Yes ☐ No If Yes: Years Months

Are you currently completing an Apprenticeship?: ☐ Yes ☐ No If Yes what year are you in:

SECTION 4 – POSITIONS APPLIED FOR

1st Preference: Experience in Position: Years Months

2nd Preference: Experience in Position: Years Months

3rd Preference: Experience in Position: Years Months

SECTION 5 – WORKERS COMPENSATION

A previous Workers' Compensation claim, disability, or injury is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete this section accurately.

The information provided in this section may be made available to an insurer in connection with any claim for workers compensation. A worker may not be eligible for compensation for an injury or disability sustained in the workplace where it is proved that the worker made wilful and false representations as not having previously sustained the injury or disability at the time of seeking or entering employment. Therefore, it is important that your answers are correct.

Have you ever made a claim for Workers Compensation: ☐ Yes ☐ No (If Yes Please provide details)

1. Description of Injury/Disability:

   Date Occurred: Duration: Company:

2. Description of Injury/Disability:

   Date Occurred: Duration: Company:

3. Description of Injury/Disability:

   Date Occurred: Duration: Company:

Do you have a disability, injury, illness or condition that may affect any aspect of your work performance or that may be aggravated or accelerated by the type of work you are applying for: ☐ Yes ☐ No (If Yes please provide details)

Are you currently taking any prescribed medications: ☐ Yes ☐ No (If Yes please provide details)

Do you have any allergies: ☐ Yes ☐ No (If Yes please provide details)

Do you wear contact lenses: ☐ Yes ☐ No

Do you participate in any sports: ☐ Yes ☐ No (If Yes please provide details)

SECTION 6 – DRIVERS LICENCE

Do you hold a current driver's licence: ☐ Yes ☐ No (ensure copy is attached to this application)

Licence No: Expiry Date: State of Issue:

Class	Description	Class	Description
☐ C	Car	☐ MC	Multi Combination
☐ LR	Light Rigid	☐ R-N	Moped
☐ MR	Medium Rigid	☐ R-E	Motorcycle (max 250cc)
☐ HR	Heavy Rigid	☐ R	Motorcycle
☐ HC	Heavy Combination	☐ F	"F" Class Endorsement

Have you completed a defensive driving course: ☐ Yes 2WD ☐ Yes 4WD ☐ No (If Yes please provide details below)

Certificate No: Organisation: Date Completed:

SECTION 7 – HIGHEST EDUCATION / TRADE QUALIFICATION

Unique Student Identification (USI) : ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Highest education or trade level achieved: Year completed:

Name of training organisation: State completed:

☐ High School ☐ Trade Certification ☐ Diploma / Certificate

☐ Bachelor's Degree ☐ Master's Degree ☐ PHD

☐ Other:

Details: Reference No: Date Issued: Expiry Date:

Details: Reference No: Date Issued: Expiry Date:

SECTION 8 – CONSTRUCTION SAFEY AWARENESS CARD

Do you hold a current Construction Safety Awareness Card (Blue/White Safety Card): ☐ Yes ☐ No (If yes please provide details)

Reference No: Issue Date: State Issued:

SECTION 9 – HIGH RISK LICENCE / WORKSAFE CERTIFICATION

Do you hold a current High Risk Licence: ☐ Yes ☐ No (ensure copy is attached to this application)

Reference No: Issue Date: Expiry Date: State Issued:

If Yes, select your WorkSafe level of qualification from list below:

Code	Description	Code	Description
☐ DG	Dogging	☐ CV	Vehicle Loading Crane (under 10metre t)
☐ RB	Rigging – Basic	☐ C2	Slewing Mobile Crane Operation (up to 20 T)
☐ RI	Rigging – Intermediate	☐ C6	Slewing Mobile Crane Operation (up to 60 T)
☐ RA	Rigging – Advanced	☐ C1	Slewing Mobile Crane Operation (up to 100 T)
☐ SB	Scaffolding – Basic	☐ C0	Slewing Mobile Crane Operation (Open / over 100T)
☐ SI	Scaffolding – Intermediate	☐ CT	Tower Crane Operation
☐ SA	Scaffolding – Advanced	☐ CD	Derrick Crane Operation
☐ WP	Boom Type Elevating Work Platform	☐ CB	Bridge and Gantry Crane Operation
☐ LF	Forklift Truck Operation	☐ CP	Portal Boom Crane Operation
☐ LO	Order – Picking Forklift Truck	☐ BB	Boiler Operation - Basic
☐ PB	Concrete Placing Boom Operation	☐ BI	Boiler Operation – Intermediate
☐ HM	Material Hoist Operation (Cantilever Platform)	☐ BA	Boiler Operation – Advanced
☐ HP	Hoist Operation (Personnel and Materials)	☐ TO	Turbine Operation
☐ CN	Non-Slewing Mobile Crane Operation (Over 3 T)	☐ ES	Reciprocating Steam Engine Operation

SECTION 10 – MOBILE PLANT OPERATION

Do you hold any certifications allowing you to operate any mobile plant: Yes ☐ No ☐ (If Yes please provide details below)

Reference No: Expiry Date: State Issued:

☐	Dump Truck (Rigid or Articulated)	☐	Excavator
☐	Water Cart	☐	Dozer
☐	Skid Steer Loader	☐	Grader
☐	Front End Loader	☐	Scraper
☐	Front End Loader / Backhoe	☐	Roller
☐	Other:		

SECTION 11 – ADDITIONAL CLASSIFICATIONS

Do you hold a current Working at Heights Permit: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Issue Date: Issue/Expiry Date: State Issued:

Do you hold a current Confined Spaces Permit: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Issue Date: Issue/Expiry Date: State Issued:

Do you hold a current Tilt Up Panel Permit: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Issue Date: Issue/Expiry Date: State Issued:

SECTION 12 – WELDING CERTIFICATION

Do you have any current welding certifications: ☐ Yes ☐ No Reference No:

☐ Stick Electrodes (S.M.A.W.)	☐ Structural	☐ Piping	Issue/Expiry Date:	State:
☐ Gas Shielded Flux Cored (F.C.A.W.)	☐ Structural	☐ Piping	Issue/Expiry Date:	State:
☐ Sub Arc Welding (S.A.W.)	☐ Structural	☐ Piping	Issue/Expiry Date:	State:
☐ TIG Welding (G.T.A.W.)	☐ Structural	☐ Piping	Issue/Expiry Date:	State:

SECTION 13 – ELECTRICAL LICENCE

Do you hold a current Electrical Licence: ☐ Yes ☐ No (If Yes Please provide details)

Reference No: Expiry Date: State Issued:

☐ A Grade – Licenced ☐ C Grade – Apprentice ☐ Restricted Electrical Workers Licence

Work Area		Units of Competence	
☐	Office Equipment	☐	Occupational Health and Safety Procedures
☐	Domestic Equipment	☐	Disconnect and reconnect fixed wiring equipment
☐	Plumbing / Gas Fitting Equipment	☐	Locate and rectify faults in 250V equipment
☐	Equipment	☐	Locate and rectify faults in 650V equipment
☐	Industrial Equipment	☐	Attach flexible cord and plug to 250V equipment
☐	Refrigeration and Air Conditioning Equipment	☐	Attach flexible cord and plug to 650v equipment
☐	Instrumentation / Process Control Equipment		
☐	Communications / Computing Equipment		
☐	Laboratory / Scientific Equipment		

SECTION 14 – GAS FITTING LICENCE

Do you hold a current Gas Fitting Licence: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

☐ G Class ☐ I Class ☐ E Class

☐ P Class Note any restrictions:

SECTION 15 – DANGEROUS GOODS AND EXPLOSIVES

Do you hold a current Shot Firers Permit: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

Do you hold a current Bulk Dangerous Goods Drivers Licence: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

Do you hold a current Explosives Drivers Licence: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

SECTION 16 – MARITIME CERTIFICATION

Do you hold a current Maritime Security Identification Card: ☐ Yes MSIC No: Expiry Date:

☐ No MSIC No: Application Date:

Do you hold any current Maritime Accreditations: ☐ Yes ☐ No (If Yes Please provide details)

Reference No: Expiry Date: State Issued:

Type:

SECTION 17 – MEDICAL / FIRST AID QUALIFICATIONS

Are you registered as a Medical Practitioner: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

Are you a Registered Nurse (RN): ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

Are you an Enrolled Nurse (EN): ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

Do you have a current First Aid Certificate: ☐ Yes ☐ No (If Yes please provide details)

Reference No: Expiry Date: State Issued:

☐	Emergency First Aid (Introductory First Aid)	☐	Occupational First Aid (WorkSafe Level 3)
☐	Basic Workplace First Aid (WorkSafe Level 1)	☐	Industrial Health Care – ER/Emergency Response (Industrial Ambulance Care) – St John Ambulance Only
☐	Senior First Aid	☐	Industrial Health Care – PM/Paramedic (Industrial Ambulance Care) – St John Ambulance Only
☐	Workplace First Aid (WorkSafe Level 2)	☐	Industrial Health Care – OER/Offshore Emergency Response
☐	Remote Area First Aid	☐	Industrial Health Care – OP/Offshore Paramedic

SECTION 18 – EMPLOYMENT HISTORY

IMPORTANT – We will contact any of your previous employers shown below for the purpose of confirming your employment details and determining your suitability. May we also contact your current employer: ☐ Yes ☐ No

PLEASE NOTE THAT YOU MUST PROVIDE 5 YEARS OF HISTORY. EACH MONTH OF THE 5 YEARS MUST BE ACCOUNTED FOR. ANY GAPS IN EMPLOYMENT DUE TO TRAVELLING, STUDY, UNEMPLOYMENT, MUST BE STATED.

If you were self-employed please provide a main client or colleague in the supervisor section and please indicate their relationship to you.

1	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
2	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
3	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
4	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	

5	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
6	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
7	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
8	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
9	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
10	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
11	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	
12	Company Name:	Position Held:
	Period of employment – From (mm/yy):	To (mm/yy):
	Location/Project:	Reason for Leaving:
	Supervisors Full Name:	Contact No (s):
	Main Duties/Responsibilities:	

SECTION 19 – MEDICAL HISTORY

1. Are you now, or have you ever suffered from any of the following conditions, injuries or disabilities? Provide details for Yes answers.

1	Heart disease	☐ Yes	☐ No
2	Palpitations, extra or skipped heart beats	☐ Yes	☐ No
3	Blood disease	☐ Yes	☐ No
4	High blood pressure	☐ Yes	☐ No
5	Abnormal shortness of breath, leg pain or chest pain on exertion	☐ Yes	☐ No
6	Lung disease (e.g. asthma, bronchitis, emphysema, tuberculosis)	☐ Yes	☐ No
7	Epilepsy, fainting attacks, fits or head injury	☐ Yes	☐ No
8	Dizziness or vertigo	☐ Yes	☐ No
9	Migraine or frequent headaches	☐ Yes	☐ No
10	Frequent coughing/bring up phlegm	☐ Yes	☐ No
11	Coughing and/or shortness of breath due to dust, fumes or gasses	☐ Yes	☐ No
12	Blood in urine	☐ Yes	☐ No
13	Stomach or duodenal ulcers or frequent indigestion	☐ Yes	☐ No
14	Thyroid disease	☐ Yes	☐ No
15	Liver disease (e.g. jaundice, hepatitis)	☐ Yes	☐ No
16	Kidney or bladder disease	☐ Yes	☐ No
17	Sugar diabetes	☐ Yes	☐ No
18	Eye/vision problems (including wearing of glasses or contact lenses)	☐ Yes	☐ No
19	Hearing loss or deafness	☐ Yes	☐ No
20	Foot problems or problems with footwear	☐ Yes	☐ No
21	Skin cancers or any form of cancer or tumour	☐ Yes	☐ No
22	Muscle or ligament strain	☐ Yes	☐ No
23	Weakness in arms or legs	☐ Yes	☐ No
24	Varicose veins	☐ Yes	☐ No
25	Allergies (hay fever, sinusitis, hives)	☐ Yes	☐ No
26	Allergies to medication or chemicals	☐ Yes	☐ No
27	Skin diseases (psoriasis, dermatitis)	☐ Yes	☐ No
28	Abdominal pain or bowel disorder	☐ Yes	☐ No
29	Tenosynovitis or tendonitis	☐ Yes	☐ No
30	Back pain lasting more than two weeks	☐ Yes	☐ No
31	Any significant infectious illnesses or communicable diseases	☐ Yes	☐ No
32	Night blindness or problem seeing at low levels of illumination	☐ Yes	☐ No
33	Sensitivity to chemicals, dust, fumes, solvents or other substances	☐ Yes	☐ No
34	Nervous, mental or psychiatric condition	☐ Yes	☐ No
35	Have you ever been admitted to hospital?	☐ Yes	☐ No
36	Are you currently receiving treatment including treatment from a person who is NOT a registered medical practitioner	☐ Yes	☐ No
37	Are you taking medication or receiving treatment? (Please include items such as eye drops, asthma "puffers", nasal sprays, creams, vitamins, physiotherapy, etc.)	☐ Yes	☐ No
38	Anxiety, stress reaction or depression	☐ Yes	☐ No
39	Back or neck pain or injury	☐ Yes	☐ No
40	Hernia or rupture	☐ Yes	☐ No
41	Upper limb or shoulder pain	☐ Yes	☐ No
42	Any fracture	☐ Yes	☐ No
43	Joint problems, pains, injuries, arthritis, dislocated joints	☐ Yes	☐ No
44	X-ray or MRI for back/neck joint pain	☐ Yes	☐ No
45	Tennis elbow or golfers elbow	☐ Yes	☐ No
46	Occupational Overuse Syndrome (OOS) or Repetitive Strain Injury (RSI)	☐ Yes	☐ No
47	Problem with balance or coordination	☐ Yes	☐ No
48	Have you ever had an operation or surgical treatment?	☐ Yes	☐ No
49	Any abnormal blood or pathology test	☐ Yes	☐ No
50	Has your weight altered in the last 12 months	☐ Yes	☐ No
51	Have you been absent from work or full-time education through illness or injury for two or more weeks at any time?	☐ Yes	☐ No
52	Have you ever worked under conditions or with substances which may have been hazardous to your health (e.g. toxic chemicals, noise, dusts, asbestos)	☐ Yes	☐ No
53	Any condition, complaint, ache, pain or disability not mentioned above	☐ Yes	☐ No

2. Please provide details of all "YES" responses to the above questions.

Question No:	Year(s) Occurred:	Details:
Question No:	Year(s) Occurred:	Details:
Question No:	Year(s) Occurred:	Details:
Question No:	Year(s) Occurred:	Details:

3. Do you smoke or have you ever regularly smoked tobacco or other substances: ☐ Yes ☐ No (If Yes please provide details)

How many per day: From (year): To (year): Type:

4. Do you undertake any regular exercise: ☐ Yes ☐ No (If Yes please provide details)

What type: Number of times a week:

5. Do you consume alcohol: ☐ Yes ☐ No (If Yes please provide details)

How many drinks would you consume in a week?

6. Have you been vaccinated against TETANUS in the last 10 years: ☐ Yes ☐ No (If Yes please provide details)

Year of your last Tetanus injection:

7. Have you been vaccinated against HEPATITIS B in the last 10 years: ☐ Yes ☐ No (If Yes please provide details)

Year of your last HEPATITIS B injection:

8. Are you currently receiving treatment of any kind from:

A. A doctor: ☐ Yes ☐ No (If Yes please provide details)

B. A Physiotherapist: ☐ Yes ☐ No (If Yes please provide details)

C. A Chiropractor: ☐ Yes ☐ No (If Yes please provide details)

9. Have you :

A. Had any medical treatment in the last 6 months: ☐ Yes ☐ No (If Yes please provide details)

B. Been off work longer than 1 month for an injury or illness: ☐ Yes ☐ No (If Yes please provide details)

C. Had a "medical" in the last 6 months and been declined employment: ☐ Yes ☐ No (If Yes please provide details)

10. Do you:

A. Have any medical conditions that should be noted: ☐ Yes ☐ No (If Yes please provide details)

B. Have any medical conditions that would be identified at a medical conducted by a doctor: ☐ Yes ☐ No (If Yes please provide details)

11. Physical abilities; can you: (If **No** please provide details)

A.	Work in confined spaces or at height:	☐ Yes	☐ No
B.	Run 100 metres:	☐ Yes	☐ No
C.	Climb a ladder:	☐ Yes	☐ No
D.	Wear protective spectacles:	☐ Yes	☐ No
E.	Crouch and kneel:	☐ Yes	☐ No
F.	Wear a safety hard hat:	☐ Yes	☐ No
G.	Use hand tools:	☐ Yes	☐ No
H.	Work with both hands above your head:	☐ Yes	☐ No
I.	Wear a respirator (protective equipment):	☐ Yes	☐ No
J.	Walk over rough ground:	☐ Yes	☐ No
K.	Lift 20kg without trouble:	☐ Yes	☐ No

L.	Wear steel capped safety boots:	☐ Yes	☐ No
M.	Sit for long periods:	☐ Yes	☐ No
N.	Work in a situation where you may experience vibrations for lengthy periods (e.g. in earthmoving equipment:	☐ Yes	☐ No
O.	Get in and out of a truck cab:	☐ Yes	☐ No
P.	Enter and exit an opening 1.45m high and 0.600m wide:	☐ Yes	☐ No

12. If you answered "Yes" to any of the above questions, would your answer be the same if the question was:
Can you do these things without risk to your health: ☐ Yes ☐ No (If No please provide details)

13. Do you have good peripheral (side) vision in both eyes: ☐ Yes ☐ No

14. What is your height:

15. What is your weight: kilo

16. What is the general state of your health:

SECTION 20 – PROJECT REQUIREMENTS

The Project involves construction activity within mining lease boundaries and operational areas. It is therefore very important to observe certain rules and requirements. Are you prepared to:

1.	Comply with all Company and Project safety rules and procedures:	☐ Yes	☐ No
2.	Wear and use the Project security swipe and identification cards to enter and leave the site:	☐ Yes	☐ No
3.	Wear and use the appropriate safety harness when working at heights:	☐ Yes	☐ No
4.	Comply with all security requirements including vehicle, baggage and personal searches:	☐ Yes	☐ No
5.	Wear and use the correct personal protective equipment:	☐ Yes	☐ No
6.	Not carry or use any personal mobile phones in the workplace unless authorised by the Project:	☐ Yes	☐ No
7.	Not carry or use any form of camera (including mobile phone cameras) unless authorised by the Project:	☐ Yes	☐ No
8.	Not use, carry or be in possession of any weapons or firearms on the Project:	☐ Yes	☐ No
9.	Agree to work shift work if required, subject to being medically fit to do so:	☐ Yes	☐ No
10.	Comply with cyclone tie down procedures:	☐ Yes	☐ No
11.	If you are a smoker, are you prepared to comply with all Project rules which restrict smoking:	☐ Yes	☐ No
12.	Not be in the possession of, under the influence of or consume intoxicating liquor or drugs on the Project:	☐ Yes	☐ No
13.	Part of the Projects Fitness for Work policy includes a Drug and Alcohol Program to help ensure employees are not impaired whilst at work. Do you agree to participate in this program:	☐ Yes	☐ No
14.	Do you agree to undergo a full pre-employment medical assessment (including a drug and alcohol screen) at the Company's expense:	☐ Yes	☐ No
15.	As part of our employment procedures it is necessary for all new employees to sign a contract of employment (if applicable to the position offered). Do you have any objections to this requirement:	☐ Yes	☐ No

(If Yes please provide details)

16.	Is there any issue that may affect you obtaining Police Clearance (required for some Concreting WA Pty Ltd WA sites)	☐ Yes	☐ No

(If Yes please provide details)

SECTION 21 – PRIVACY ACT ACKNOWLEDGEMENT AND CONSENT

I consent to Concreting WA Pty Ltd, collecting, recording and retaining personal information about me during the recruitment process and in the course of my employment. I also consent to my past and present medical practitioners and my former employers disclosing my personal information (including sensitive information regarding my health), to Concreting WA Pty Ltd as requested by Concreting WA Pty Ltd (CWA).

Signature: Date:

SECTION 22 – DECLARATION – PROJECT RELEASE OF INFORMATION

Before signing the declarations below please read the following points and clarify anything that you are unsure of with CWA Recruitment.

1. If I am considered suitable for an interview I understand that the information I have provided and subsequent confirmation of my work history by CWA shall be provided to its clients for the purpose of confirming my suitability for employment opportunities.
2. If I am offered and accept employment, information will be provided to our clients about my mobilisation, including that I have satisfactorily met pre-employment checks, such as a Fitness for Work Medical; and information gathered during the project, such as induction and training records and my demobilisation details.
3. I understand that if I am offered and accept employment on the Project, our clients may provide the information to authorised service providers, engaged to manage matters relating to employment on the Project.
4. I understand that the information may also be used and disclosed by our clients for the purpose of confirming my suitability for employment opportunities in connection with other projects that may arise in the future, and for managing matters in connection with my employment on other future projects.
5. I certify that the information set out in this form is to the best of my knowledge true and accurate.
6. I understand the Company reserves the right to verify all information and any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of my agreement or contract.

I have read, understood and agree to the terms above.

PRINT FULL NAME

Signature: Date: (DD/MM/YYYY)

SECTION 23 – DECLARATION – FITNESS FOR WORK

FITNESS FOR WORK – PRE-EMPLOYMENT, RANDOM ALCOHOL AND ILLEGAL SUBSTANCE TESTING.

As per Project requirements and our Client's procedures, the following Drug and Alcohol Policy must be adhered to. Please refer to the full Project and Company Fitness for Work Policy and Procedure if you have any queries.

DRUG AND ALCOHOL POLICY

It is Company policy that all potential employees will be tested for drugs and alcohol at the Company's expense. Should the applicant test positive for illegal drugs (including synthetic substances) or alcohol, the cost of the test will be at the applicant's expense and they will not be permitted to commence work on a Concreting WA Pty Ltd site until a negative result is attained.

Prescription drugs are permitted provided the drug does not affect the employee's safety and the safety of their fellow workers. Where required the Company may request a letter from your GP confirming this.

An individual taking prescribed or over the counter drugs must inform the tester prior to the drug and alcohol test commencing. During random testing the sample will be tested onsite. If the sample returns a positive reading the employee will be returned to their accommodation while further laboratory testing is carried out to determine whether the drug is prescribed/over the counter or illicit. If the sample is returned as prescribed/over the counter the employee will be paid for the stand down period and will not face any disciplinary action.

SITE TOLERANCES

Alcohol – 0.00 BAC (Blood Alcohol Content)

Illegal Substances – (current levels as per AS 4308:2008)

It is a condition of entry to site that all employees submit to random drug and alcohol testing if selected. Should an individual test positive the following procedures will apply:

ALCOHOL TESTING

First Positive Result

1. A positive result is recorded on the BAC test machine.
2. The employee will be retested after 20 minutes. During this time they are to be supervised at all times and allowed to consume one glass of water if requested. If the re-test shows a reading greater than 0.00% BAC the result will be recorded as a positive.
3. The tester will inform the employee that they have tested positive and will inform their Supervisor that they will be unable to return to work. If the positive result is recorded by a visitor they will be immediately removed from site.
4. The employee will be informed that they have recorded a positive BAC test and will be removed from site for the shift. The Company will at a minimum issue a First and Final Written Warning to the employee and inform them that any further breach may result in

termination of employment. They will then be told that this will be on their permanent record for 24 months. The employee will be issued with a copy of the warning for their records. Counselling and medical assistance is discussed with the employee.

Second Positive Result

1. Follow procedure as outlined above for First Positive Result.
2. Once it has been recorded as a second positive test the employee will be suspended and returned to their point of hire.
3. The Company may terminate the contract of employment.

DRUG TESTING

First Positive Result

1. A positive result is recorded.
2. The tester will inform the employee that they have tested positive and will inform their Supervisor that they will be unable to return to work. If the positive result is recorded by a visitor, they will be immediately removed from site.
3. The employee will be informed that they have recorded a positive drug test and will be removed from site immediately to their point of hire at their own expense. The Company will at a minimum issue a First and Final Written Warning to the employee and inform them that any further breach may result in termination of employment. They will then be told that this will be on their permanent record for 24 months. The employee will be issued with a copy of the warning for their records.
4. The worker will be placed on leave without pay until they can provide two negative test results a minimum of 72 hours apart.

Second Positive Result

1. Follow procedure as outlined above for First Positive Result.
2. Once it has been recorded as a second positive test the employee will be suspended and returned to their point of hire.
3. The Company may terminate the contract of employment.

ACCIDENT/INCIDENT INVESTIGATION

In the event of an accident/incident at the workplace in which you are involved you may be required to submit for a Drug and Alcohol test. This is at the discretion of Site Management.

APPLICANT:

PRINT FULL NAME	SIGNATURE	DATE (DD/MM/YYYY)

WITNESS:

PRINT FULL NAME	SIGNATURE	DATE (DD/MM/YYYY)

SECTION 24 – CERTIFICATION OF TRUE AND CORRECT INFORMATION

I certify to the best of my knowledge, the information supplied is accurate and true. I understand that my employment may be terminated if any statement is found to be incorrect. I also understand that if I am to be employed it will be initially on a three-month probationary basis. I agree to abide by all safety rules and regulations as per the Occupational Safety and Health Act and all Company policies.

Signature: Date: (DD/MM/YYYY)

SECTION 25 – RETURN OF DOCUMENTS

Please return completed Employment Application Form with copies of all required licences and certificates to Allison Gojak, CWA Recruitment

Email: info@concretingwa.com.au Post : PO Box 5083 Centrepoint LPO Midland WA 6056