APPLICATION FOR EMPLOYMENT

STRICTLY PRIVATE & CONFIDENTIAL

KASCORP PTY LTD

40 LILLEE CRESCENT, TULLAMARINE VIC 3043, AUSTRALIA

Personal Details:

First Name: _____ Last Name: _____

Address: _____

_____ Post Code: _____

Home Phone: _____ Mobile: _____

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

Nominated Bank Account for Payment of Wages/Salary:

Bank: _____Branch: _____

Account Name: _____ Type of Account: _____

BSB: ____ ____ ____ - ____ ____ ____ Account Number:_____

Tax File Number: ____ ____ ____ ____ ____ ____ ____ ____ ____

Citizenship:

Are you an Australian Citizen? YES ◯ NO ◯

If not, do you have a Work Visa? YES ◯ NO ◯

Please specify the Type of Work Visa and Expiry date: _____

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(Please attach a copy of your Work Visa to this Application)

Registration & Member Details:

Are you registered with any of the following?

CFMEU	YES	◯	NO	◯	Membership No._____
Union (other)	YES	◯	NO	◯	Membership No._____
White Card	YES	◯	NO	◯	Membership No._____
INCOLINK	YES	◯	NO	◯	Membership No._____
CBUS	YES	◯	NO	◯	Membership No._____
CO-INVEST	YES	◯	NO	◯	Membership No._____

Position of Work:

What position are you applying for at Motion Structures Pty Ltd?

◯ Carpenter ◯ Labourer ◯ Concreter ◯ Patcher

◯ Other - please specify: _____

Education and Training:

Please provide details of any training courses/and or programs (for example: training through a previous employer or an independent training organisation)

_____

_____

_____

_____

(Please attach relevant certificates to this application)

Education and Training (continued)

Have you completed any of the following Training/Certificates?

Work Safety at Heights CPCCCM2010B	YES ◯	NO ◯ Licence number:_____
Licence to Erect, Alter and Dismantle Scaffolding Basic CPCCLSF2001A	YES ◯	NO ◯ Licence number:_____
Licence to Erect, Alter and Dismantle Scaffolding Intermediate CPCCLSF3001A	YES ◯	NO ◯ Licence number:_____
Licence to Erect, Alter and Dismantle Scaffolding Advanced CPCCLSF4001A	YES ◯	NO ◯ Licence number:_____
Licence to Operate a Boom-Type Elevating CPCCCM3001C	YES ◯	NO ◯ Licence number:_____
Dogging: Licence to Perform Dogging CPCCLDG3001A	YES ◯	NO ◯ Licence number:_____
Forklift: Licence to Operate a Forklift Truck TLILICC2001A	YES ◯	NO ◯ Licence number:_____
Rigging: Licence to Perform Rigging Basic Level CPCCLRG3001A	YES ◯	NO ◯ Licence number:_____
Licence to perform Rigging Intermediate Level CPCCLRG3002A	YES ◯	NO ◯ Licence number:_____
Course in Workplace Spotting 22195VIC	YES ◯	NO ◯ Licence number:_____
Control Traffic with a Stop/Slow Bat RIIOHS205A	YES ◯	NO ◯ Licence number:_____
Implement Traffic Management Plan RIIOHS302A	YES ◯	NO ◯ Licence number:_____
Work Platform (Boom length 11 metres or more)	YES ◯	NO ◯ Licence number:_____

Course in Working Safely in Confined Spaces for Building & Construction YES ◯ NO ◯
Licence number:_____

Emergency Contacts Details:

Next of Kin: _____
(Name of nearest relative or Friend in case of Emergency)

Address:_____

Home Phone: _____ Work Phone _____

Mobile: _____ Email: _____

Previous Employment Details: (All details MUST be completed)

1. Your current or most recent position:_____

   Name of Employer: _____

   Duties: _____

   Date employed from: _____ to: _____

   Referee Name: _____Referee Position: _____

   Referee Contact Number: _____

2. Previous Position to above:_____

   Name of Employer: _____

   Duties: _____

   Date employed from: _____ to: _____

   Referee Name: _____Referee Position: _____

   Referee Contact Number: _____

Previous Employment Details (continued)

Have you ever been employed by Kascorp Pty Ltd? YES ◯ NO ◯

If yes, please provide details: FROM:_____ TO:_____

Position Held:_____ Why did you leave: _____

Have you ever been involuntarily discharged from a position? YES ◯ NO ◯

If yes, please provide full details: _____

_____

Medical History:

Do you suffer from any chronic illness: YES ◯ NO ◯

If yes, please provide details:

_____

_____

Do you smoke? YES ◯ NO ◯

Do you regularly drink alcohol? YES ◯ NO ◯

Do you take recreational drugs? YES ◯ NO ◯

Do you have any physical disability that will affect your ability to carry out the requirements of the position you are applying for?

YES ◯ NO ◯

If yes, please provide details:

_____

_____

Medical History: (continued)

Do you have any allergies? YES ◯ NO ◯

If yes, please provide details:

_____

_____

Are you generally a person of good health? YES ◯ NO ◯

If no, please provide details:

_____

_____

Is there anything that you know which will affect your ability to carry out the requirements of the position you are applying for? (This includes any pre-existing illness or injury which you not only know about, but could reasonable foresee would be affected by described work duties)?

YES ◯ NO ◯

If yes, please provide details:

_____

_____

Please note: Our aim is to provide a safe workplace for you and other workers and to prevent injuries from recurring.

The failure to disclose a pre-existing illness on this form will mean you will not be paid compensation for that condition.

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DELCARATION OF TRUTH

I, _____ declare that all the details and information have been provided by me, checked by me and are completely and absolutely true and correct.

DATED: _____

SIGNED: _____

PRINT NAME: _____

PRIVACY

Kascorp Pty Ltd acknowledges to you that all the information provided by you will be kept confidential and will not be used for any purpose unrelated to your employment except with your express prior with written consent.

A Copy of this document has been provided to the Applicant.

DATED: _____

SIGNED: _____

POSITION: _____

PRINT NAME: _____
(On behalf of Kascorp Pty Ltd)

I (Applicant) acknowledge receipt of a copy of this document.

DATED: _____

SIGNED: _____

PRINT NAME: _____

Office use only

Have copies been taken of CBUS, Incolink, Union, White Card, and any other relevant membership's cards or certificates?

YES ◯ NO ◯

Was the applicant referred to Kascorp by anyone? YES ◯ NO ◯

If yes, what was his/her name? _____

Reference Check:

Referee No. 1

Date: _____ who did you speak to: _____

NOTES: _____

_____

_____

_____

_____

Referee No. 2

Date: _____ who did you speak to: _____

NOTES: _____

_____

_____

_____

Completed by: _____