



# APPLICATION FOR EMPLOYMENT

*STRICTLY PRIVATE & CONFIDENTIAL*

## KASCORP PTY LTD

15 JERSEY DRIVE, EPPING VIC 3076

Personal Details:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

*This is the email address your payslips will be emailed to.*

Nominated Bank Account for Payment of Wages/Salary:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_

BSB: \_\_\_\_ - \_\_\_\_ Account Number: \_\_\_\_\_

Tax File Number: \_\_\_\_\_

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**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: \_\_\_\_\_  
(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. \_\_\_\_\_

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 Kascorp 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)

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*(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)*

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment Details: (All details MUST be completed)**

1. Previous Position to above: \_\_\_\_\_

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: \_\_\_\_\_

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:

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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:

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Do you have any allergies?      YES       NO

If yes, please provide details:

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Are you generally a person of good health?

YES  NO

If no, please provide details:

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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:

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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.



DECLARATION 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:

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Referee No. 2

Date: \_\_\_\_\_ who did you speak to: \_\_\_\_\_

NOTES: \_\_\_\_\_

