

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS

Position Applied For:	
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Name: Mr/Mrs/Ms :			
	(Surname in Block letters)	(Christian names)	
Address:			
Email:			
Phone: Mob)		Home)	
Date of Birth:		Place of Birth:	
Are you legally entitled to work in Australia?		(Circle)	YES NO
Will you work shift work / overtime if required?		(Circle)	YES NO

Past Experience

Name & Address of Last 3 Previous Employer:	Years at Employer	Position Held	Brief details of Duties	Reason Left
(1)				
(2)				
(3)				

CONSTRUCTION MACHINE EXPERIENCE (for Asphalt and Seal Positions ONLY)

OPERATION OF	TYPE OF EQUIPMENT & EXPERIENCE	MONTHS/YEARS WORKED
ASPHALT PAVER		
PAVER LEVEL CONTROL		
STEEL WHEEL ROLLER		
MULTI TYRED ROLLER		
BITUMEN SPRAYER / TACK TRUCK		
AGGREGATE SPREADER		
SHUTTLE-BUGGY / PROFILER		
TRACTOR BROOM / SKID STEER		
TRUCK (S) TIPPER		
FRONT END LOADER		
WACKER PLATE / RAKE / SHOVEL		
OTHER:		

Think Safety: PLAN TO BE PREPARED...because things can change without warning

TICKETS OR QUALIFICATIONS HELD (Tick ✓ and complete as necessary)

Plant Type	Ticket Number	Qualifications
2L End Loader		First Aid Certification Expires: _____
2 L Roller		Drivers License Number: _____
Skid Steer		Class: _____ Expires: _____
		Dangerous Goods License No: _____
		Construction Induction QLD 30215 No: _____
OTHER: (Forklift etc.)		

Please answer the following questions by **circling** the relevant answer and providing additional Information as required:

Have you worked for Boral in the past? (if YES what year?): _____ YES NO

Are you prepared to undergo a Pre-placement Routine Health Evaluation (medical assessment) including a drug and alcohol screen test? YES NO

Have you any condition, which may affect your performance in the job you have applied for? (if YES, give details): (e.g. Hearing Loss, Back Injury) YES NO

Have you, or are you taking any prescription medication that may hinder your performance in the position you have applied for? (if YES, give details): YES NO

Please **circle** the description which best describes your eyesight:

NORMAL SHORT SIGHTED LONG SIGHTED WEAR GLASSES / CONTACT LENS

To the best of my knowledge, all the information on this application is correct & complete. I understand that the Company reserves the right to verify all information on this application & that any false statements will be considered sufficient cause for my rejection as an applicant, or my dismissal if hired. Once completed, this application becomes the sole property of Allens Asphalt Pty Ltd.

List two reference's we can contact:

1. Name:	Number:
2. Name:	Number:

Signature: _____

Date: _____

Office use only: Response of Referee's

1.
2.

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