

applicable details of your previous employ	NOT an offer of employment. It is an application FOR employment, listing ment experience, qualifications, etc for consideration by the company. MPLETED IN FULL TO BE GIVEN CONSIDERATION.
NAME	
First Name:	
Given Names:	
Surname:	
D.O.B:	//
CONTACT DETAILS	
Home Address	
Number & Street:	
Suburb / Town:	Post Code:
Postal Address	
PO Box Number & Street:	
Suburb / Town:	Post Code:
Telephone Numbers	
Home Number:	
Work Number:	
Mobile Number:	
Email	
Email Address:	

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<u>4</u>	LIC	ENCE DETAILS		
		Licence Number:		
		Place of Issue:		
		Expiry Date: / /		
		Classification:		
<u>5</u>	ME	DICAL	\/F0	NO
	3	Have you suffered from any skin disease?	YES	NO
	<u>a</u> _		\mathcal{O}	
	<u>b</u>	Do you suffer from asthma or other respiratory problem?	0	0
	<u>C</u>	Is your eyesight normal?	0	0
	<u>d</u>	Is your hearing normal?	Ō	Ō
	<u>e</u>	Do you suffer from any heart or circulatory problems?	O	0
	<u>f</u>	Have you ever suffered from back problems?	\mathbf{O}	\mathbf{O}
	g	Have you any physical disabilities?	\mathbf{O}	\mathbf{O}
	<u>h</u>	Do you have any medical or physical condition that prevents you from wearing or using approved personal safety equipment?	\mathbf{O}	O
	<u>j</u>	Do you have any medical or physical restrictions or objections to working	\mathbf{O}	\mathbf{O}
	i	at heights, as and when required? Do you have any medical or physical restrictions that may prevent you	\tilde{O}	\tilde{O}
	-	from working on or operating mechanical plant and/or equipment?	\mathcal{O}	
	<u>k</u>	Have you been immunized against Tetanus?		•
		Date of last immunisation:	//	
	Ţ	Are you currently taking any medications?	9	O
		If yes, please give details:		
	<u>m</u>	Do you have any allergies?	O	<u> </u>
		If yes, please give details:		
	<u>n</u>	What is your blood group?		

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	DECIDENTIAL CTATUS				
<u>6</u>	RESIDENTIAL STATUS			YES	NO
		Are you an A	ustralian Citizen?	\mathbf{O}	\mathbf{O}
		Ō	$\overline{\mathbf{O}}$		
	Please spe	ecify the expiry date o	ave a Work Visa? f your Work Visa:	/ /	
	(Please attach a cop	by of your Work Visa to	this Application)		
7	EDUCATION				
	Name of Institution	Years A	ttended	Level Achieved	
		From	То		
<u>8</u>	QUALIFICATIONS				
		Da way have a	Oalification 2	YES	NO
	(e.g. Trade Certificates, University Degr		ny Qualifications? certificate)	\mathbf{O}	O
		If yes, please provi	de details below:-		
	Name of Institution	Years Att	ended	Level Achieved	
		From	То		
<u>9</u>	APPRENTICESHIP / TRAINEESHIP	<u> </u>			
	December	Anna ann athair an Tao	'a a a la la Danasa O	YES	NO
	,	Apprenticeship or Tra		•	O
		de or traineeship are y	_	and the selection of Tarabase	- la ' O
			e you served your App	•	snip?
	Name:- Address:-				
	Phone Number:-				
	Email:-				

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10 EMPLOYMENT HISTORY

BME requires accurate employment history so we are able to supply our customers with suitably qualified & experienced employees.

(Please fill in details below, with a minimum of 5 years work history OR attach your resume to this application)

CURRENT OR MOST RECENT EMPLOYER			
Period Employed:	From / / To / /		
Company Name:			
Address:			
Phone Number:	Email:		
Position Held:			
Duties:			
Reason for Leaving:			
PREVIOUS EMPLOYER			
Period Employed:	From / / To / /		
Company Name:			
Address:			
Phone Number:	Phone Number:		
Position Held:			
Duties:			
Reason for Leaving:			
PREVIOUS EMPLOYER			
Period Employed:	From / / To / /		
Company Name:			
Address:			
Phone Number:	Email:		
Position Held:			
Duties:			
Reason for Leaving:			

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	(Please supply 3 referees)					
	Name	Position	Employer	Phone No	Relationshi	ip?
					Co-worker?	O
					Supervisor?	0
					Other?	O
					Co-worker?	$\overline{\mathbf{O}}$
					Supervisor?	$\overline{\mathbf{O}}$
					Other?	O
					Co-worker?	\bigcirc
					Supervisor?	
					Other?	
					Other:	
	Trade PapersDrivers Licence	s and Certificates held and / or Traineeship Pa Card	d			
<u>13</u>	<u>SAFETY</u>				YES	NO
		Do you ha	ve a current First Aid Ce	ertificate?	\mathbf{O}	0
			Date	of Expiry	.//	
		Are you prepared to	be trained in a First Aid	Course?	\mathbf{O}	0
		Do you have ar	ny Safety Training Accre	editation?	•	0
			If you please list	t detaile:		

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14 OCCUPATIONAL REQUIREMENTS

If successful in gaining employment with BME Australia, the type of work you will be doing may vary and listed below are some of the conditions you may be required to work in and some of the physical tasks you may be required to perform

WORK ENVIRONMENT

- High and Low Temperatures
- Humid Conditions
- Confined Spaces
- · Working at Heights
- Fumes related to Welding, Cutting etc

- Rain and / or windy conditions
- Working directly in sunlight
- · Loud noise levels
- Dust / Particles in the air

PHYSICAL TASKS

- Lifting up to 30kg waist to eye level, floor to waist & waist to waist
- Carrying up to 30kg
- Pushing & pulling equipment or materials
- Walking Uneven ground, varying gradients and flat ground
- · Periods of Standing
- Wearing of personal protective equipment, including steel cap boots, hard hats, eye protection & long clothing

- · Repeatedly crouching & kneeling
- Stair & ladder climbing
- Completing tasks in awkward positions
- Using a range of tools, shovels, brooms etc

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Repeatedly bending & twisting

Please provide details of any previous or current injuries, illnesses, disabilities or conditions of which you are aware that may affect your ability to carry out the full requirements for the position with BME Australia including performing work in the conditions or the physical tasks outlined previously. By doing this it enables us to comply with our Workplace Health & Safety policy and determine whether or not the applicant can safely perform their duties as required.

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15 TERMS OF EMPLOYMENT

Training Expenses

In the event of BME Australia supplying skilled training e.g. forklift, crane, EWP, confined space or first aid etc and as and employee you were to leave BME within 16 weeks of that training, you would incur the training expenses on a pro-rata basis. The pro-rata amount is based on a quarter for each four weeks. Therefore if the employee left within four weeks of completing training, they would have to pay for all the training expenses. If the employee left between four and eight weeks after training, they would pay three quarters of the training costs. If the employee left between eight and twelve weeks they would pay half of the costs. If the employee left between twelve and sixteen weeks they would have to pay a quarter of the costs and if the employee left after sixteen weeks of training, they would pay nothing.

Uniform Expenses

In the event of BME supplying uniforms (shirts, pants, boots etc), and as an employee you were to leave, the same policy for training will apply. Therefore if an employee leaves BME within 16 weeks of receiving their uniforms, they will incur the uniform expenses i.e. cost of uniform as well as embroidery costs, on a pro-rata basis. Again the pro-rata amount is based on a quarter for each four weeks.

Medical / Drug Testing / Random Breath Testing

All future employees of BME are expected to undergo a full medical and drug testing (if you are currently taking any prescribed medication, this must be disclosed prior to any testing). The expenses of these examinations are the employees cost, however if a full completion of the medical and drug testing complies with BME's requirements, all costs will be reimbursed (but also works on pro-rata basis as mentioned above). BME's policy on 'Fit for Work', states that all employees have 0.00 blood / alcohol level and is not under the influence of any unprescribed drugs during all working hours. Random breath tests will be undertaken regularly, at the manager's discretion. Any employee who fails alcohol / drug testing may be faced with Disciplinary Action.

Working Away

BME Employees and / or representatives may at times be required to travel away for work, expenses such as flights & accommodation will paid by the company. These expenses are usually pre-purchased, in the employee's name, therefore if an employee / representative is unable to attend employment, they will be held liable for all costs incurred i.e. payment of flights and / or accommodation. If in the event an employee fails our 'Fit for Work Policy', is accused of theft or brings the company into disrepute in any way, this may result in immediate dismissal and the employee will incur ALL costs for accommodation and travel.

16 DECLARATION

Flease note. Do Not Sign this appli	questions.	o not nesitate to ask us any
THIS APPLICA	ATION WILL REMAIN ON FILE FOR THREE MO	ONTHS
agree that if any false, deliberately m	(full name) declare the nowledge, I have correctly and honestly ans nisleading information or material fact has be oyment with BME / my employment with BME	een suppressed, I will not be
		/ /
PRINTED NAME	SIGNATURE	DATE

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