



EMPLOYEE APPLICATION

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

PLEASE NOTE: Completion of this form is NOT an offer of employment. It is an application FOR employment, listing applicable details of your previous employment experience, qualifications, etc for consideration by the company.

THIS FORM MUST BE COMPLETED IN FULL TO BE GIVEN CONSIDERATION.

1 NAME

First Name: _____

Given Names: _____

Surname: _____

D.O.B: ____ / ____ / ____

2 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: _____

3 MARITAL STATUS

Married Single Defacto Separated Divorced Widowed



EMPLOYEE APPLICATION

4 LICENCE DETAILS

Licence Number: _____

Place of Issue: _____

Expiry Date: ____ / ____ / ____

Classification: _____

5 MEDICAL

		YES	NO
<u>a</u>	Have you suffered from any skin disease?	<input type="radio"/>	<input type="radio"/>
<u>b</u>	Do you suffer from asthma or other respiratory problem?	<input type="radio"/>	<input type="radio"/>
<u>c</u>	Is your eyesight normal?	<input type="radio"/>	<input type="radio"/>
<u>d</u>	Is your hearing normal?	<input type="radio"/>	<input type="radio"/>
<u>e</u>	Do you suffer from any heart or circulatory problems?	<input type="radio"/>	<input type="radio"/>
<u>f</u>	Have you ever suffered from back problems?	<input type="radio"/>	<input type="radio"/>
<u>g</u>	Have you any physical disabilities?	<input type="radio"/>	<input type="radio"/>
<u>h</u>	Do you have any medical or physical condition that prevents you from wearing or using approved personal safety equipment?	<input type="radio"/>	<input type="radio"/>
<u>i</u>	Do you have any medical or physical restrictions or objections to working at heights, as and when required?	<input type="radio"/>	<input type="radio"/>
<u>j</u>	Do you have any medical or physical restrictions that may prevent you from working on or operating mechanical plant and/or equipment?	<input type="radio"/>	<input type="radio"/>
<u>k</u>	Have you been immunized against Tetanus?	<input type="radio"/>	<input type="radio"/>
	Date of last immunisation: ____ / ____ / ____		
<u>l</u>	Are you currently taking any medications?	<input type="radio"/>	<input type="radio"/>
	If yes, please give details: _____		

<u>m</u>	Do you have any allergies?	<input type="radio"/>	<input type="radio"/>
	If yes, please give details: _____		

<u>n</u>	What is your blood group? _____		



EMPLOYEE APPLICATION

6 RESIDENTIAL STATUS

	YES	NO
Are you an Australian Citizen?	<input type="radio"/>	<input type="radio"/>
If not, Do you have a Work Visa?	<input type="radio"/>	<input type="radio"/>
Please specify the expiry date of your Work Visa:	____ / ____ / ____	

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

7 EDUCATION

Name of Institution	Years Attended		Level Achieved
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____

8 QUALIFICATIONS

	YES	NO
Do you have any Qualifications? (e.g. Trade Certificates, University Degree, TAFE diploma or certificate)	<input type="radio"/>	<input type="radio"/>
If yes, please provide details below:-		

Name of Institution	Years Attended		Level Achieved
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 APPRENTICESHIP / TRAINEESHIP

	YES	NO
Do you have your Apprenticeship or Traineeship Papers?	<input type="radio"/>	<input type="radio"/>
In what trade or traineeship are you committed to?	_____	
What was the name of the Employer where you served your Apprenticeship / Traineeship?		
Name:-	_____	
Address:-	_____	
Phone Number:-	_____	
Email:-	_____	



EMPLOYEE APPLICATION

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: _____



EMPLOYEE APPLICATION

11 WORK RELATED REFERENCES

(Please supply 3 referees)

Name	Position	Employer	Phone No	Relationship?
_____	_____	_____	_____	Co-worker? <input type="radio"/> Supervisor? <input type="radio"/> Other? <input type="radio"/>
_____	_____	_____	_____	Co-worker? <input type="radio"/> Supervisor? <input type="radio"/> Other? <input type="radio"/>
_____	_____	_____	_____	Co-worker? <input type="radio"/> Supervisor? <input type="radio"/> Other? <input type="radio"/>

12 SUPPORTING DOCUMENTATION

(Please provide copies of the following documents, where applicable)

- Proof of Licences and Certificates held
- Trade Papers
- Drivers Licence
- Apprenticeship and / or Traineeship Papers
- Superannuation Card
- Any References
- Your Resume

13 SAFETY

	YES	NO
Do you have a current First Aid Certificate?	<input type="radio"/>	<input type="radio"/>
Date of Expiry	___ / ___ / ___	
Are you prepared to be trained in a First Aid Course?	<input type="radio"/>	<input type="radio"/>
Do you have any Safety Training Accreditation?	<input type="radio"/>	<input type="radio"/>
If yes, please list details:-	_____	



EMPLOYEE APPLICATION

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
- 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.
