ELSDON PTY LTD
AS TRUSTEE FOR
THE CAYS FAMILY TRUST
T/A CAYS ENGINEERING
ABN 49 613 977 502
ACN 050 508 640

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GREENFIELDS WA 6210
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APPLICATION FOR EMPLOYMENT

WORKSHOP / ONSITE

IMPORTANT PLEASE READ THIS SECTION BEFORE YOU START

The information you provide in this application form will assist in evaluating your suitability for employment with Cays Engineering so it is important to:-

- Clearly print all responses
- Ensure all sections are completed.
- A résumé may be attached if you think it will provide additional information.
- Attach photocopies of any supporting documentation (qualifications, certificates, trade papers, references etc.) Do not attach originals.
- Ensure all sections are answered honestly and to the best of your ability.
- Applications are filed on record for approximately six months.

Please note:
The acceptance by Cays Engineering of this application form does not guarantee employment.

APPLICATION FOR EMPLOYMENT

Date of Application:……..

Personal Details

Surname: _____ Given Names: _____ DOB: _____

Phone No: _____ _____ Email: _____

Drivers License No: _____ Class: _____ Expiry: _____

Address: _____

Suburb: _____ Postcode: _____

Mailing Address: _____

Suburb: _____ Postcode: _____

Next of Kin: _____ Contact No.: _____ Relationship: _____

Are you an Australian citizen? Yes ❑ No❑

If you are not an Australian citizen please attach details of the immigration visa permit which allows you to legally work in Australia.

Position Type: ❑ Workshop ❑ Onsite

Position Applying For: _____

Is this your usual occupation? _____ Years experience: _____

Educational Qualifications:

Year from/to | Name of Institution | Standard/Qualification achieved

_____

_____

_____

Trade Qualifications:

Please attach a copy of any trade certificates/ licences.

Trade Qualifications _____ Year completed: _____

Where did you complete your trade qualifications?

Employment History

Have you been previously employed at Cays Engineering ❑ Yes ❑ No

If yes please provide dates _____

(Please list details of the last three positions held)

Period of Employment	Name of Employer	Position held and main duties

Workers Compensation:

Have you had any workers compensation claims in the past ❑ Yes ❑ No

If yes please provide details _____

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Referees

(Please list below three referees whom we can contact regarding your suitability for the position)

	Name	Position	Company	Contact Number
1.				
2.				
3.				

High Risk Work License -

Please attach a copy

❑	DG - Dogging	❑	LF - Forklift
❑	RB – Basic Rigging	❑	RI – Rigging Intermediate
❑	RA – Rigging Advanced	❑	WP – Boom Type Elevating Work Platform
❑	SB – Basic Scaffolding	❑	SI – Intermediate Scaffolding
❑	SA – Advanced Scaffolding	❑	CN – Non-slewing mobile crane
❑	C2 – Slewing mobile crane up to 20T		

Other _____

Employment Information

If offered the position when are you available to start? _____

Are you available to work:-

❑ Afternoon shift ❑ Night shift ❑ Weekends ❑ Public Holidays

Fitness

It is important that you are medically fit to perform the duties associated with the occupation or position you are applying for.

Do you agree to undergo a full medical (including illegal drugs)? Yes ❑ No❑

Will you give the authority to perform random drug and alcohol screens when required? Yes ❑ No❑

The physical requirements of this position are as follows:

- Lifting up to 20 kilograms
- Carrying loads of up to 10 kilograms
- Carrying loads up multiple flights of stairs
- Standing for up to 3 hours
- Use of scaffolds/ladders
- Working at heights
- Exposure to Noise
- Exposure to Hot Humid and Dusty Conditions
- Exposure to Grease and Oils
- Exposure Petrol and Solvents
- Exposure to Welding fumes and other Atmospheric contaminants

Are you aware of any health problem or medical condition which might affect your ability to perform the physical requirements of this position? If so, please provide details

……

……

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BEFORE SIGNING THE DECLARATON BELOW, PLEASE TAKE THE TIME TO REVIEW YOUR RESPONSES AND ENSURE ALL DETAILS ARE COMPLETE AND CORRECT.

Declaration

I certify that the answers, information and statements given on this form are correct and to the best of my knowledge. I understand Cays Engineering reserves the right to verify all information. I further understand that any false or misleading detail will make this application invalid and if I am employed by Cays Engineering such falsifications or misinformation will be considered serious and may result in the termination of my employment.

Signed ..... Date .....

APPLICATION FOR EMPLOYMENT

ABN: 49613977502

MEDICAL QUESTIONNAIRE

Note: This questionnaire may be reviewed by a medical practitioner.
You may be required to attend a full medical examination.
Attendance of a medical Examination does not guarantee employment

Date:……

Name: ……

Position Applying For:.....

What is your average intake of:

Alcohol?	Cigarettes?	Recreational Drugs?

Do you have any allergies to:

Medication?	Foods?	Other?

3. Please place a tick (✓) in the box beside any condition/s that you have currently or had at any time. Please provide details if you have ticked a box.

Heart Conditions: Stroke/ Angina/High Blood Pressure	☐	
Diabetes	☐	
Lung conditions: Asthma / Bronchitis / Pneumonia / Tuberculosis / Shortness of Breath / Chest Injuries / Wheezing	☐	
Fits/Seizures/Blackouts	☐	
Arthritis/Rheumatism	☐	
Back/Lower Back injuries	☐	
Loss of hearing/Injury to ears including broken eardrum/Hearing Aids	☐	
Vision problems	☐	
Skin disorders/Dermatitis	☐	
Hepatitis/Jaundice/Liver trouble	☐	
Persistent Headaches/Migraines	☐	
Any joint problems/fractures	☐	
Mental or nervous troubles /Depression	☐	
Hernia	☐	
Stomach problems/Ulcers	☐	
Trouble smelling odours	☐	
NONE of the above	☐	

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4. Do you currently take medication for any of the following conditions?

Heart	☐	
Breathing or Lung Problems	☐	
Blood Pressure	☐	
Seizure (fits)	☐	
Other (Please give details)	☐	

5. Please place a tick (✓) in the box beside any activity with which you have difficulty. Give details if you have ticked a box.

Understanding English	☐	
Running	☐	
Crouching	☐	
Kneeling	☐	
Walking on rough uneven ground	☐	
Standing for more than 2 hours	☐	
Sitting for more than 2 hours	☐	
Confined Spaces	☐	
Heights/High Altitudes	☐	
Lifting or Bending	☐	
Climbing a ladder	☐	
Hearing a normal conversation	☐	
Reading ordinary print	☐	
Concentration	☐	
Turning your head rapidly	☐	
Using hand tools	☐	
Repetitive movements of hands/arms	☐	
Gripping firmly with both hands	☐	

6.Have you worked with or had any exposure to the following

Loud noise/explosives/gunfire	Yes ☐ No ☐	
Asbestos	Yes ☐ No ☐	
Chemicals	Yes ☐ No ☐	
Radiation	Yes ☐ No ☐	
Dust	Yes ☐ No ☐	
Any other hazardous exposure	Yes ☐ No ☐	

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Declaration

I solemnly declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment. I understand that I may also be required to undergo a hearing test on termination of employment.

Statement Authorisation

I hereby authorise the examining doctor to submit a medical report regarding the above statements, physical findings, audiogram and all other investigations to my employer.

Applicants Signature: _____ Date: _____

Doctors Comments: _____

_____

_____

Doctors Signature: _____ Date: _____