



APPLICATION FOR EMPLOYMENT

- This application is to be completed in the applicant's own handwriting and ALL sections MUST be answered.

I _____ hereby make an

application for employment as:

- CARPENTER
- LABOURER
- TRAINEE
- OTHER _____

Office Use Only

Name of Company employed by: _____

Date Started: _____ Health Check Completed: _____

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Wideform Pty Limited ACN 140 976 370
245 Berkeley Road, Unanderra NSW 2526
PO Box 1183 Unanderra NSW 2526
Phone: +61 2 4224 0300
Facsimile: +61 2 4272 1047
www.wideform.com.au



Employment Reference Check:

PERSONAL DETAILS

Name: Surname:

Address: Phone No.

..... Post Code: Mobile:

Date of Birth: Drivers Licence: YES NO

Are you Permanent Resident of Australia: YES NO

If yes please attach a copy of the certificate or passport.

TRADES CHECKLIST

• Are you a Tradesman? YES NO

If Yes please specify below:-

Name of your trade:

• Are you a Licensed Tradesman? YES NO

• Do you hold a Contractor's Licence? YES NO

• Are you a member of a Trade Union? YES NO

Name of Trade Union:

Membership Number:

Carpenters Only (Please tick the areas in which you have had experience)

Formwork Years of experience
 Ticketed
 Non Ticketed

Cottage Years of experience

Shop Fitting Years of experience

Commercial Years of experience

Fitting Out Years of experience

Other Years of experience



- Do you possess any of the following registration cards associated with the Building Industry?

C+BUS (Superannuation)	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A – CIRT (Redundancy)	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Long Service Leave	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C.T.A.S (Coverforce Top Up)	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate of Competency (Formwork & Falsework)	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OH&S Industry Induction	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

- Do you possess any of the following Workcover approved tickets?

Explosive Powered Tools	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Forklift Ticket	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dogman	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cranedriver	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
First Aid	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Safety Committee Course	No.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EMPLOYMENT HISTORY

Your last three employers are required below. If you have not been in employment for the past five years please state the reason why.

1. Name of Employer:

Nature of Business: Position Held:

Start Date: Date Terminated:

Duties & Responsibilities:

.....

Reason for leaving employment:

Contact Person: Telephone Number:



2. Name of Employer:

Nature of Business: Position Held:

Start Date: Date Terminated:

Duties & Responsibilities:

.....

Reason for leaving employment:

Contact Person: Telephone Number:

3. Name of Employer:

Nature of Business: Position Held:

Start Date: Date Terminated:

Duties & Responsibilities:

.....

Reason for leaving employment:

Contact Person: Telephone Number:

DECLARATION OF EMPLOYMENT

The information supplied by me is true and accurate. I give permission for Wideform Pty Ltd to contact past employers for employment references.

Applicants Signature: Date:

Witness Name: Date:

Witness Signature:



**READ CAREFULLY PRIOR TO
SIGNING THIS APPLICATION!**

I have completed this application fully and accurately and have not withheld any material information.

If I were to be successful with this application, I acknowledge that I will be subjected to instant dismissal without notice if:-

it is found that I have given false and misleading information to any question on this application form

And / or

I do not comply with the Company's Occupational Health and Safety Plans and Policies, including correct use of all safety equipment and to wearing suitable clothing and footwear.

I also understand that if I were to obtain employment with the Wideform Pty Ltd, I will be on a probationary period of Two (2) months prior to being formally accepted as an employee of the company.

Name:

Signature: Date:/...../.....

Name of Witness:

Signature: Date:/...../.....