EMPLOYEE APPLICATION

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

PLEASE NOTE: Completion of this form in 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 ❒

4 LICENCE DETAILS

Licence Number: _____

Place of Issue: _____

Expiry Date: _____ / _____ / _____

Classification: _____

5 MEDICAL

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

6 RESIDENTIAL STATUS

	YES	NO
Are you an Australian Citizen?	❍	❍
If not, Do you have a Work Visa?	❍	❍

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)	❍	❍

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?	❍	❍

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:- _____

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: _____

11 WORK RELATED REFERENCES

(Please supply 3 referees)

Name	Position	Employer	Phone No	Relationship?
_____	_____	_____	_____	Co-worker? ❍ Supervisor? ❍ Other? ❍
_____	_____	_____	_____	Co-worker? ❍ Supervisor? ❍ Other? ❍
_____	_____	_____	_____	Co-worker? ❍ Supervisor? ❍ Other? ❍

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?	❍	❍
Date of Expiry	_____ / _____ / _____	
Are you prepared to be trained in a First Aid Course?	❍	❍
Do you have any Safety Training Accreditation?	❍	❍
If yes, please list details:-	_____	

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.

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

Please note: Do Not Sign this application if you are unsure of any questions. Do not hesitate to ask us any questions.

THIS APPLICATION WILL REMAIN ON FILE FOR THREE MONTHS

I, _____ (full name) declare that I have read this entire application and to the best of my knowledge, I have correctly and honestly answered all questions. I also agree that if any false, deliberately misleading information or material fact has been suppressed, I will not be given consideration for employment with BME / my employment with BME will be terminated.

PRINTED NAME	SIGNATURE	/ / DATE