



## EMPLOYMENT APPLICATION FORM

Full Name (please print):	DOB:
Current Residential Address:	Postcode:
Mobile Number:	Home Number:
Email Address:	

Drive Licence No:	Licence Type (C, HR, HC etc.):	Expiry Date:
<b>**Have you ever been disqualified/ suspended/ refused from holding a driver licence? Yes/ No</b>		
If yes: detail the reason for the disqualification/ suspension/ refusal:		

Licences (Tickets) Held	Card Number	Issue Date	Expiry Date
WorkCover White Card			N/A
HRW Card	Categories:  Card No.:		

Are you legally entitled to work in Australia ☐ Yes ☐ No

(\*Please note that you may be asked to provide proof of residency or visa details)

**Trade Qualifications and Experience:**High School/ secondary School  
Attended:

Year Completed

Tertiary Education (e.g., TAFE,  
College, University)

Grades/ Courses completed

Technical/ Trade qualifications

**Are you currently employed?****If yes, please include your current employer below in the Employment History section.****Employment History (Please show most current employer first, at least three past employers are needed)**

Employer Name and Location

Position Held

Employment Dates

Reason for leaving

Employer Name and Location

Position Held

Employment Dates

Reason for leaving

Employer Name and Location

Position Held

Employment Dates

Reason for leaving

**Please list in an attachment to this form, any other employers you believe are relevant to the position you are applying for.**

**Contactable Referees**

Person's Name and Company:		Contact Number:	
Person's Name and Company:		Contact Number:	
Person's Name and Company:		Contact Number:	

List relevant projects you have worked on:	Is your induction current?	Start date on that project.

**\*\***The job you are applying for often requires that you work overtime, weekends, and shift work, and or travel to work locations (which may include staying away from home from time to time), are you able to do this at reasonable notice, and at short notice? (please circle) **YES or NO**

**Medical - Health - Workers Compensation**

If offered a position, your employment is conditional on your meeting certain medical requirements relevant to the performance of that position.

You will be required to have a medical examination, which may include drug, alcohol, and hearing tests.

Drug and alcohol screening will also be undertaken on a random basis from time to time.

**\*\*If you are not willing to undergo any and or all of these, you will not be considered for a position.**

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Do you have any pre-existing injury or disease of which you are aware that you could reasonably be expected to foresee, could be affected by the nature of the duties and responsibilities of the position for which you are applying? ☐ Yes ☐ No

If yes, please provide a brief description here, or as a separate advice:

(Note: Failure to make such a disclosure or the making of a false or misleading disclosure may affect your ability to claim for compensation)

.....  
 .....

Do you have any allergies we need to know about? Y/N

Please provide details:

.....  
 .....

Have you ever suffered from any serious injury? Y/N

Please provide details:

.....  
 .....

Have you ever had a Workers Compensation Claim? If yes, please provide details:

Date of Injury	Nature of Injury	Employer	Period of Compensation

**\*\* This is a mandatory requirement:** If you have had, or currently have claims, please attach a letter from the Workers Compensation Authority confirming the claims.

Do you have any convictions, finding of guilt and/or pending police charges against you that are less than 10 years old? ☐ Yes ☐ No

If yes, please provide brief details:

**Next of Kin Details**

Contact Name:		Relationship:	
Contact Phone 1:		Contact Phone 2:	

**Banking Details**

Bank Name (Supply on Induction):	Account Name (Supply on Induction):
BSB (Supply on Induction):	Account Number (Supply on Induction):

**DECLARATION**

I declare that the above information is true and correct. I understand that in the event of my employment by Centurne Pty Ltd, trading as Central Crane Services (Centurne), I shall be subject to dismissal if any information that I have given in this application is found to be false or misleading, or if I have failed to give any relevant information requested in this form, regardless of the time taken before its discovery.

I authorise Centurne, to inquire into my past employment history and check my references as needed to verify my qualifications, experience and suitability for this position.

If employed, I agree to comply with Work Health and Safety Legislation, all Centurne company policies, rules and instructions, including but not limited to the wearing of protective clothing and safety equipment, site inductions and competency testing and company requirements.

By signing below, I am acknowledging that I have read and agree with the above statement

Applicants Name (*print*):

Signature:

Date:

Please email completed form to: [admin@centralcranes.com.au](mailto:admin@centralcranes.com.au)

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