

Company Profile

Supermix Concrete & Quarries is a long established local company, which supplies and delivers a wide range of concrete and quarry products to the building industry in Wagga Wagga and the surrounding area.

Essential Objective

Provide the highest possible standard of customer service.
 Operate always in a professional and courteous manner.
 Ensure the safety of ourselves, co-workers and public is at the for front of our daily activities.
 Adhere to company policies and procedures and engage all WHS practices.

EMPLOYMENT APPLICATION

POSITION APPLIED FOR

TRUCK DRIVER:

Agitator ☐

Tipper ☐

Truck &
Dog ☐

QUARRY OPERATOR:

Loader ☐

Excavator ☐

Dump
Truck ☐

Plant ☐

ADMINISTRATION:

Trainee ☐

Clerical ☐

Financial ☐

MECHANIC:

Light ☐

Heavy ☐

OTHER:

PREFERED LOCATION:

WAGGA ☐

JUNEE ☐

Will you be reasonable available for overtime and Saturday work when required?

☐ YES

☐ NO

Are you willing to participate in workplace training?

☐ YES

☐ NO

What is your earliest available start date:

PERSONAL INFORMATION

FULL NAME:

MOBILE:

D.O.B:

ADDRESS:

EMAIL:

DRIVER LICENCE:

CLASS:

☐ C

☐ LR

☐ MR

☐ HR

☐ HC

☐ MC

EXPIRY DATE:

(Applicants will be required to provide original copy of licence and may be request to provide their driving record)

PLANT & MACHINERY SKILLS & EXPERIENCE

eg. Heavy Vehicle - driving agitator, tipper, truck and dog

Heavy Vehicle:

Front End Loader:

Quarry:

Other:

OTHER LICENCES, CERTIFICATES & COMPETENCIES

Type

Class

State

Years

Description

CONFINED SPACES:

☐

FIRST AID:

☐

POLICE CHECK:

☐

MS OFFICE SUITE:

☐

OTHER:

☐

OTHER:

☐

OTHER:

☐

OTHER:

☐

(Applicants will be required to provide original copies on request)

EMPLOYMENT HISTORY		
<i>In order of most rececent,</i>		
Positions Held:	From:	To:
<i>Business Name:</i>	Telephone:	
Address:		
Supervisors Name:	Mobile:	
Description of duties:		
Reason for Leaving:		

Positions Held:	From:	To:
<i>Business Name:</i>	Telephone:	
Address:		
Supervisors Name:	Mobile:	
Description of duties:		
Reason for Leaving:		

Positions Held:	From:	To:
<i>Business Name:</i>	Telephone:	
Address:		
Supervisors Name:	Mobile:	
Description of duties:		
Reason for Leaving:		

Positions Held:	From:	To:
<i>Business Name:</i>	Telephone:	
Address:		
Supervisors Name:	Mobile:	
Description of duties:		
Reason for Leaving:		

MEDICAL		
Do you agree to undergo a physical/medical if requested?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<i>Do you have any physical or medical conditions and/or history?</i>		
That prevent or restrict you from undertaking certain kinds of work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
That prevent or restrict you from performing the position you have applied for safely?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to any of the above please provide details:		

<i>Do you take any prescription medication?</i>		
That prevent or restrict you from undertaking certain kinds of work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
That prevent or restrict you from performing the position you have applied safely?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to any of the above please provide details:		

BACKGROUND		
<i>Have you ever been convicted of the following offences during the past 5 years whilst driving?</i>		
Under the influence of intoxicating liquor or drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Exceed the prescribed concentration of alcohol in blood?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dangerous Driving?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Culpable Driving?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Negligent Driving?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
More than 3 speeding offences in last 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Been involved in or had any vehicle accidents, whether your at fault or fault of other?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Suspended, endorsed, revoked or cancelled licence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to any of the above please provide details:		

<i>Have you ever?</i>		
Pleaded no contest to a criminal offence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pleaded guilty to a criminal offence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Been convicted of a criminal offence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Had a Workers Compensation Claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Had any professional licence or certification revoked or suspended?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Had a warning letter from an Employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Been suspended by an Employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Been discharged from a place of Employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Been involved in a Work Place Incident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Been asked to resign from employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to any of the above please provide details:		

DECLARATION

I have disclosed particulars that are true and correct.
I have not withheld or suppressed any information concerning the above particulars.
I agree, that upon request, I will provide a complete up to date record of my driving history from the responsible authority in any State or Territory of the Commonwealth of Australia to the licence details submitted.
If I provide any incorrect or misleading information which results in my Application for Employment being unsuccessful, I acknowledge that I may have my employment terminated for providing that incorrect information.

Check this box to certify that you have read and accepted the above statement. ☐

Printed Name:

Date:

Signature:

INTERNAL USE

Declined - Reason

☐ YES ☐ NO

Proceed to Interview

☐ YES ☐ NO

Date of Interview

Notes

