

Civil Engineering Construction

Bulk Tipping Haulage

Waste Transport & Disposal

Earthmoving Plant Hire
& Contracting



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MULGOA QUARRIES Application for Wage Employment

Please print clearly, ensure that you complete in full details of certificates held and skills/experience sections on page 2 and attach copies of all your certificates.

Date: _____

To which division do you wish to apply for employment? (Please tick one)

Transport Earthmoving Maintenance Administration

Surname: _____ Given Names: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone No: _____ Mobile Phone No: _____

Email: _____ Date of Birth: _____

Drivers Licence No: _____ Class: _____ Expiry Date: _____

(Please attach a photocopy)

Are you an Australian citizen? Yes No

If not, have you been granted permanent residency or a working visa? Yes No

Next Of Kin (Name): _____ Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone No: _____ Mobile Phone No: _____

Experience operating:

- Grader Scraper Dozer Excavator
 Grader - GPS Loader Dozer - GPS Excavator - GPS
 Grader - Final Trim Roller Compactor
 Water Cart Dump Truck Truck & Dog: _____ years of experience

Details of skills / trades:

WHS Construction Induction (White Card): Certificate No. _____

WorkCover licences: Type _____ Number _____

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Other Qualifications or Industry Inductions:

Employment History for the past 5 years:

Previous Employers	Occupation	Date from	Date till

May Mulgoa Quarries contact past employers for a reference? Yes No

Office Use only:

Copy of Road Truck Driver history from RMS: Yes No

Has the Road Truck Driver been assessed on driving skills: Yes No

Assessed by: _____ Signature: _____

Health and Safety

Do you have, or have you ever had, back problems, cardiac or circulatory disease, repetitive strain injury or any other health problems that may affect your ability to perform the duties required?
If yes, please state the nature of the health issue below or put N/A

Have you submitted a Workers Compensation claim for any condition that may be exacerbated and/or affect your ability to carry out the duties required? Yes No

If yes, please provide details of claim:

Employer: _____ Date: _____

Nature of claim: _____

Affected area: (eg left wrist, shoulder) _____

Applicants may be required to undergo a medical examination by a Mulgoa Quarries-appointed Doctor, at MQ’s expense, to ascertain suitability for employment. By submitting this application you agree to undergo a medical examination if requested to do so.

The information collected in this application is for the purpose of assessing your suitability for employment. This information will form part of your employment record if your application is successful. If your application is not complete, it will not be processed.

Declaration:

I declare that the information provided by me in this application is true and correct.
I understand that Mulgoa Quarries will rely on this information to assess my suitability and may terminate my employment if the information proves to be false or deliberately misleading.

Signature of Applicant

Date