



Cape Form CMS.F.R1.AUS.HR.3125

Employment Application Form

By completing this form, you are confirming your registration of interest with Cape.

Please read and ensure you understand the following before completing this form.

1. Complete all sections. Incomplete forms cannot be processed.
2. Attach photocopies of supporting documentation such as licenses and certificates to this form. Do not attach originals. If you do not have copies with you when completing this form, your registration cannot be processed until you provide copies.
3. Submitting this form is not an offer of employment and does not guarantee employment.
4. We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.

SECTION 1: Personal Information

Title	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other: _____				
Surname		First Name (s)			
Preferred Name		Date of Birth			
Address					
Suburb		State		Post Code	
Home Phone		Mobile Phone		Occupation	
Are you an Australian Resident			Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If you are not an Australian resident you must show that you possess an immigration visa that allows you to work in Australia</i>					
Visa Details	<input type="checkbox"/> 457 Temporary Business (Long Stay) Standard Business Sponsorship		<input type="checkbox"/> Other State Type:		
Visa No:		Issue Date:		Expiry Date:	
Are you of Aboriginal or Torres Strait Islander Decent (optional)?				Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 2: Emergency Contact 1

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer. The address must be their actual home address. A post office box is not acceptable

Last Name		First Name		Relationship:	
Address					
Suburb		State		Post Code	
Work Phone:		Mobile Phone:		Home Phone:	

Emergency Contact 2

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer. The address must be their actual home address. A post office box is not acceptable

Last Name		First Name		Relationship:	
Address					
Suburb		State		Post Code	
Work Phone:		Mobile Phone:		Home Phone:	

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SECTION 6: Other Licences / Certificates / Qualification / Training			
Highest Education (please list)	Name of Training Organisation		
State Certified		Date Started	
<input type="checkbox"/> High School:		<input type="checkbox"/> Bachelor Degree:	
<input type="checkbox"/> Trade Certificate :		<input type="checkbox"/> Masters Degree:	
<input type="checkbox"/> Diploma/ Certificate:		<input type="checkbox"/> PHD :	
Other Trade	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cert/Ref No	
Completed Date		Details	
Other Trade	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cert/Ref No	
Completed Date		Details	
Do you have an OHS Construction Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cert/Ref No	
Issue Date		State Certified	
Drivers Licence-current	Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence No	
Expiry Date		State Issued	
Class	Description	Class	Description
<input type="checkbox"/> C <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC	Car Light rigid Medium Rigid Heavy Rigid Heavy Combination	<input type="checkbox"/> MC <input type="checkbox"/> R-N <input type="checkbox"/> R-E <input type="checkbox"/> R <input type="checkbox"/>	Multi Combination Moped Motorcycle (max 250cc) Motorcycle Endorsement Commercial Passenger Vehicle (Bus)
SECTION 7: Maritime & Offshore Tickets Licenses			
HUET / TBOSIET	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cert/Ref No	Expiry Date:
MSIC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cert/Ref No	Expiry Date:
SECTION 8: Employment History			
<p><i>Beginning with your current or most recent employment, please provide details of the last five years including any periods of unemployment.</i></p> <p><i>IMPORTANT: Cape will contact any of your previous employers shown for the purpose of confirming your employment details and determining your suitability for employment.</i></p> <p>May Cape also contact your CURRENT employer Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
1. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			



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SECTION 8: Employment History Cont			
2. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			
3. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			
4. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			
5. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			
6. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			
7. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			

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SECTION 8: Employment History Cont

8. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			
9. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			
10. Company		Position Held	
Name of Supervisor		Phone No:	
Employment Date	From :	To:	
Location/project		Reasons for leaving	
Your main duties and responsibilities?			

SECTION 9: Workers Compensation

A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete this section accurately.

The information provided in this section may be made available to an insurer in connection with any claim for workers compensation. A worker may not be eligible for compensation for an injury or disability sustained in the workplace where it is proved that the worker made wilful and false representations as not having previously sustained the injury or disability at the time of seeking or entering employment, Therefore, it is important that your answers are correct.

Have you ever made a claim for Workers Compensation		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details
Description of Injury or Disability	Date Occurred	Duration	Employer

A disability or injury or condition is not a barrier to the consideration of an applicant for employment. To assist in assessing opportunities for placement in appropriate employment, please complete the following:

Do you have a disability, injury, illness or condition that may affect any aspect of your work performance or that may be aggravated or accelerated by the type of work you are applying for ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES to the above please provide details :	
Are you currently taking any prescribed medications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES to the above please provide details :	



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SECTION 10: Fitness For Work

It is important that you be medically fit to perform the duties associated with the occupation or positions you are registering or applying for.

1. Do you agree to undergo a full pre-employment medical and physical assessment (including a drug and alcohol screen)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Cape's Fitness for Work policy includes a Drug & Alcohol Testing. Do you agree to participate in this Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Depending on the requirements of the work, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you from working at heights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Depending on the requirements of the work, some activities may be carried out in confined spaces. Is there any medical condition or other reason to prevent you from working in confined spaces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is there any reason preventing you from wearing or using Personal Protective Equipment (PPE)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you agree to not be in possession of, under the influence of, or consume intoxicating liquor or drugs whilst at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered YES for 3,4, or 5 to the above please provide details:

SECTION 11: Declaration

Before signing the declaration below, please read the following points and clarify anything that you are unsure of with a Cape Recruitment Representative.

I certify that the information set out in this form to the best of my knowledge, is true and accurate.

I understand that Cape reserves the right to verify all information and any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of my agreement or contract.

I _____ have read, understood and agree to the terms above.

Signed: _____ Date: _____

PLEASE NOTE NO GUARANTEE OF EMPLOYMENT IS GIVEN BY THE COMPLETION OF THIS FORM

Return this form to
Mail
Cape
Recruitment Team
89 Office Road
Kwinana WA 6167

Email
jobs@capeplc.com.au