



**KAEFER INTEGRATED SERVICES PTY LTD  
APPLICATION FOR EMPLOYMENT**

**PERSONAL DETAILS**

Title:  Mr  Mrs  Ms  Miss

Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_ Fax No: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**POSITION SOUGHT/LOCATION**

First Preference: \_\_\_\_\_ Location: \_\_\_\_\_

Second Preference: \_\_\_\_\_ Location: \_\_\_\_\_

Third Preference: \_\_\_\_\_ Location: \_\_\_\_\_

**AVAILABILITY**

Are you currently employed?  Yes  No Date available to commence work: \_\_\_\_\_

What is your notice period? \_\_\_\_\_

**PROOF OF RIGHT TO WORK IN AUSTRALIA (At least one of the below must be completed)**

Due to the changes implemented by the Department of Immigration and Citizenship, KAEFER is required to check that all prospective workers have a valid visa or Australian citizenship to work. Please advise which of the following you hold:

Australian Passport:

Australian Citizenship Certificate & Photo ID:

Australian Birth Certificate & Photo ID:

New Zealand Passport with Australian Immigration Entry:

Foreign Passport with Permanent Residency Visa:

Foreign Passport with Visa to work in Australia:

Work Visa sponsorship required:

Currently in the process of obtaining a Work or Permanent Residency Visa for Australia:

Are you of Aboriginal or Torres Strait islander descent?  Yes  No

**QUALIFICATIONS**

School Education Level Complete: \_\_\_\_\_

Further Education Completed or Trade Level Achieved: \_\_\_\_\_

Degree: \_\_\_\_\_

Masters: \_\_\_\_\_

Relevant Memberships: \_\_\_\_\_

**TRADE OR OTHER CERTIFICATES HELD**

Boilermaker	<input type="checkbox"/>	WA "A" Grade Electrician	<input type="checkbox"/>
Mechanical Fitter	<input type="checkbox"/>	HA Certification (Hazard Certification Inspection Cert)	<input type="checkbox"/>
Electrician	<input type="checkbox"/>	High Voltage Switching	<input type="checkbox"/>
Instrument Fitter	<input type="checkbox"/>	Pilbara Iron Isolation Lock Holders 2.1	<input type="checkbox"/>
Welder	<input type="checkbox"/>	Pilbara Iron HSE Induction	<input type="checkbox"/>
Pipefitter	<input type="checkbox"/>	Pilbara Iron General Induction	<input type="checkbox"/>
Carpenter	<input type="checkbox"/>	BHP WAIO	<input type="checkbox"/>
Sheet Metal Worker	<input type="checkbox"/>	TBOSIET	<input type="checkbox"/>
Painter	<input type="checkbox"/>	Asbestos Removal	<input type="checkbox"/>
Rigger	<input type="checkbox"/>	Nationally Accredited Safe Working at Heights	<input type="checkbox"/>
Scaffolder	<input type="checkbox"/>	Nationally Accredited Confined Space Entry	<input type="checkbox"/>
Crane Driver	<input type="checkbox"/>	Mine Workers Health Certificate No: _____	<input type="checkbox"/>
Dogman	<input type="checkbox"/>	Mine Workers Health Expiry Date (dd/mm/yyyy): _____	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	WA Construction Card (Blue Card)	<input type="checkbox"/>
Elevated Work Platform	<input type="checkbox"/>	National Construction Card (White Card)	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	QLD Construction Card (Blue Card)	<input type="checkbox"/>
Rope Access	<input type="checkbox"/>	NSW Construction Card (Green Card)	<input type="checkbox"/>

 OTHER: \_\_\_\_\_ 
**VEHICLE LICENCES HELD**

 Do you have a current Drivers Licence?  Yes  No

Drivers Licence No: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Enter details of other Vehicle Licences, Class, \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**COMPLETE ONLY IF APPLICABLE TO THE POSITION YOU ARE APPLYING FOR**

 Do you have a tool kit?  Yes  No      Are you prepared to work shifts?  Yes  No

 Are you prepared to work in remote locations?  Yes  No      Are you prepared to work in mining?  Yes  No

 Are you prepared to work at heights?  Yes  No      Are you willing to relocate?  Yes  No

 Are you prepared to work in confined spaces?  Yes  No      Are you prepared to work offshore?  Yes  No

**WORK HISTORY-Beginning with your most recent employment, please provide last 5 years  
All sections must be completed**

IMPORTANT: May we contact your current employer:  Yes  No

Have you been employed by KAEFER  Yes  No

If yes when and what project/site: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Contact Number: \_\_\_\_\_

Employment From (month/year): \_\_\_\_\_ Employment To (month/year): \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Contact Number: \_\_\_\_\_

Employment From (month/year): \_\_\_\_\_ Employment To (month/year): \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Contact Number: \_\_\_\_\_

Employment From (month/year): \_\_\_\_\_ Employment To (month/year): \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Contact Number: \_\_\_\_\_

Employment From (month/year): \_\_\_\_\_ Employment To (month/year): \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Contact Number: \_\_\_\_\_

Employment From (month/year): \_\_\_\_\_ Employment To (month/year): \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Supervisors Contact Number: \_\_\_\_\_

Employment From (month/year): \_\_\_\_\_ Employment To (month/year): \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MEDICAL AND OCCUPATIONAL HEALTH HISTORY**

This Medical and Occupational Health History is undertaken as part of KAEFER's effort to optimise considerations for your employment and placement.

The information on this form is to provide background for your health record and to assist the Occupational Physician if a medical examination is required. Please answer this medical history as completely as possible.

It is an offence under Australian legislation relating to Worker's Compensation and Rehabilitation to mislead or supply false information in relation to a disability.

Subsequent entitlement relating to disability may be affected, therefore, full and accurate disclosure to the following questions is required.

Please tick the box if you have ever had any of the following

- |                                    |                          |                                  |                          |
|------------------------------------|--------------------------|----------------------------------|--------------------------|
| Chest Pain/Tightness or Discomfort | <input type="checkbox"/> | Visual problems/colour Blindness | <input type="checkbox"/> |
| Joint Pain or Arthritis            | <input type="checkbox"/> | Hearing Loss/Ear problems        | <input type="checkbox"/> |
| Asthma                             | <input type="checkbox"/> | Allergic Reactions               | <input type="checkbox"/> |
| Chronic Bronchitis:                | <input type="checkbox"/> | Unsteadiness/Dizzy Spells        | <input type="checkbox"/> |
| Silicosis/Asbestosis               | <input type="checkbox"/> | Poor Memory/Concentration        | <input type="checkbox"/> |
| Diabetes:                          | <input type="checkbox"/> | Loss of Consciousness            | <input type="checkbox"/> |
| Hepatitis                          | <input type="checkbox"/> | Seizure or Convulsion            | <input type="checkbox"/> |
| Back or Neck problems              | <input type="checkbox"/> | Surgery                          | <input type="checkbox"/> |
| Lower Limb problems                | <input type="checkbox"/> | Hernia                           | <input type="checkbox"/> |
| Upper Limb problems                | <input type="checkbox"/> | Depression or Anxiety            | <input type="checkbox"/> |
| Problems smelling odours           | <input type="checkbox"/> | Hay Fever or Allergies           | <input type="checkbox"/> |

It is mandatory to provide more details if you have ticked any of the above boxes. Please provide details:

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**Do any of the following apply?**

Have you ever had Workers Compensation?  Yes  No

Have you had any other surgery or injury, including motor vehicle accidents and non work-related injuries?  Yes  No

Are you suffering from any condition?  Yes  No

Do you currently or regularly use any medication or drugs?  Yes  No

Are there any types of work which you cannot do for medical reasons?  Yes  No

\* It is mandatory to provide more details if you have ticked "Yes" in the above boxes. Please provide details

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All personal information including health or other personal sensitive information collected by KAEFER is collected in accordance with the National Privacy Principles contained in the *Privacy Act 1988* (Cth). This information will not be disclosed to any unauthorised third party without your consent.

Employee undertaking and acknowledgement:

In submitting this form, I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false statements may hinder my application and may provide sufficient grounds for dismissal, if hired.

I understand that KAEFER may seek to verify the information provided and I authorise KAEFER to contact previous employers for references to assist in the assessment of my suitability for employment.

I understand that not allowing previous employers to be contacted may negatively impact my application for employment with KAEFER.

I understand that information obtained via the recruitment process will be held indefinitely on a database maintained by KAEFER for the purpose of considering me for future opportunities with the company, its related entities or its clients.

I acknowledge and agree that the information may be provided to KAEFER's related entities or clients of KAEFER so that they may assess my suitability for employment with the related entity or to determine whether I meet the project requirements of those clients.

I understand that I can contact KAEFER's Human Resources Department on 08 9224 4600 to request copies of any information held in relation to my application. I agree that such a request may attract a fee.

I understand that I can request to correct or update the information provided with this Application, or arrange to have it deleted or destroyed at any time.

I agree to have a pre-placement medical examination if requested to do so and I consent to the medical practitioner releasing information from the examination to KAEFER, KAEFER's related entities and/or clients of KAEFER for the purpose of assessing my suitability for employment.

Name:

Signature:

Date:

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

Please return this form with copies of all relevant tickets of competency, trade certificate, drivers licence, visa/passport and resume to the following addresses-

**KAEFER INTEGRATED SERVICES PTY. LTD.**

Attention: Human Resources

8 BRADFORD STREET

KEWDALE WA 6105

PHONE: 08 9224 4600

FAX: 08 9224 4691

Email: [recruitment@kaefer.com.au](mailto:recruitment@kaefer.com.au)