



## Application for Employment

<b>POSITION APPLIED FOR:</b>	
<b>Primary Skill/Attribute:</b>	
<b>How did you hear about KI?</b>	

### PERSONAL DETAILS

Surname					
First Name		Middle Names			
Residential Address				State	Postcode
Postal Address				State	Postcode
Home Telephone		Mobile Telephone			
Date of Birth		Sex	MALE	FEMALE	
Email Address		Marital Status	Single	Married	De-Facto
Are you of Aboriginal or Torres Strait Islander descent?	YES			NO	
Emergency Contact - Name		Relationship			
Contact Address				State	Postcode
Contact Telephone		Mobile Telephone			

### DRIVERS LICENCE & POLICE CHECK

Drivers License No:		State		Classes Held		Expiry Date	
Do you have any criminal convictions?	YES	NO					
If YES, Give details							
Have you previously obtained a Police background check?	YES	NO	Would you be willing to authorise a police background check?	YES	NO		

### BANK ACCOUNT & TAX DETAILS

<b>TAX DETAILS</b>			
Tax File Number			
<b>BANK DETAILS</b>			
Bank		Account Name	
BSB Number		Account Number	
If you would like to receive your payslips via email pls provide email address			
<b>SUPERANNUATION DETAILS</b>			
<i>If these fields are left blank, we will automatically set up a superannuation account in Commonwealth Bank Super Select</i>			
Superannuation Fund Name			
Fund Address			
Fund Phone Number		Fund Account Number	

## EDUCATION & TERTIARY QUALIFICATIONS

Qualification Achieved	Institution	Year Completed

## INDUSTRIAL QUALIFICATIONS

Please list any training or certifications that you have:

Qualification	Cert Number	Year Completed	Expiry Date (if applicable)
Example: Forklift Ticket	77628A2	2003	12 / 06
			/
			/
			/
			/

## TRADE QUALIFICATIONS

Please List your trade qualifications and the year they were achieved:

Qualification:		Year Completed:		Employer:	
Qualification:		Year Completed:		Employer:	
Qualification:		Year Completed:		Employer:	
Qualification:		Year Completed:		Employer:	

## SITE INDUCTIONS

Please List the company and sites to which you have been inducted.

Company Inductions	Site Location	Expiry Date: (if applicable)

## PROFILE IMAGE

As part of the Kimberley Industries recruitment process, a personal profile image is taken and attached to your file with-in the Kimberley Industries data base. The image taken is used solely for the Kimberley Industries recruitment process, and is not released at any time.

Do you authorise Kimberley Industries to take and hold your profile image?	YES	NO
--	-----	----

## EMPLOYMENT HISTORY

<b>Most Recent</b>	<b>1</b> Position Held:		Site Location:			
	Company Name:		Phone #:			
	Company Contact:		Dates Employed From:	/ / dd / mm / year	To:	/ / dd / mm / year
	Duties & Responsibilities:					
	Reason for Leaving					
	Is this a Confidential Referee: (Please Circle)	YES	NO	Nature of Employment: Please Circle	Full Time	Part Time

<b>Most Recent</b>	<b>2</b> Position Held:		Site Location:			
	Company Name:		Phone #:			
	Company Contact:		Dates Employed From:	/ / dd / mm / year	To:	/ / dd / mm / year
	Duties & Responsibilities:					
	Reason for Leaving					
	Is this a Confidential Referee: (Please Circle)	YES	NO	Nature of Employment: Please Circle	Full Time	Part Time

<b>Most Recent</b>	<b>3</b> Position Held:		Site Location:			
	Company Name:		Phone #:			
	Company Contact:		Dates Employed From:	/ / dd / mm / year	To:	/ / dd / mm / year
	Duties & Responsibilities:					
	Reason for Leaving					
	Is this a Confidential Referee: (Please Circle)	YES	NO	Nature of Employment: Please Circle	Full Time	Part Time

# MEDICAL ASSESMENT QUESTIONNARE

Name:		Date:	
-------	--	-------	--

## Medical History

If you suffer from, or have experienced any of the following conditions please tick Yes or no

	Yes	No		Yes	No
High Blood Pressure			Fainting or Light- Headedness		
Heart Trouble			Loss of Balance		
Palpitations			Nausea or gastric upset following exposure to fumes		
Stroke			Stiffness or aching in neck, shoulder, elbow, or waist		
High cholesterol			Stiffness or aching in knees, or ankles		
Tennis Elbow, Overuse or Repetitive Strain Injury			Weakness in arms or legs		
Asthma or Bronchitis			Unexplained loss of weight		
Fits, Seizures, Epilepsy			Sore eyes or skin rashes due to oil, chemicals		
Hay Fever			Sore eyes or skin rashes due to animals, or plants		
Allergies			Any Joint problem or Injury		
Eczema, Dermatitis			Lung Problems		
Arthritis, Rheumatism			Tuberculosis		
Whiplash/Neck Injury			Frequent Cough		
Sight Defect			Wheezing or whistling in your chest		
Fracture of Dislocation			Breathlessness due to specific dust, fumes or gases		
Back Strain Injury			Bleeding from bladder or bowel		
Diabetes			Fainting of sickness due to high temperatures		
Mental or Nervous Disorder			Cancer or Tumor		

**If you have answered Yes, Please Give Details:**

## Physical Abilities

Please Tick Yes or No if you have any difficulty with the following activities

	Yes	No		Yes	No
Standing for 2 hours			Gripping firmly with both hands		
Turning you head rapidly			Understanding English		
Lifting 20Kg			Bending repeatedly		
Reading ordinary news print			Hearing a normal conversation		
Concentrating for long periods			Kneeling		
Running 100 Metres			Sitting for 2 hours		
Climbing a ladder			Crouching		
Climbing over rough ground			Repetitive movements of arms or hands		
Using hand tools			Working at heights		

**If you have answered Yes, Please Give Details:**

## PHYSICAL & HEALTH HISTORY

### IMPORTANT – Section 79 of the Workers’ Compensation and Rehabilitation Act 1981

“Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, willfully and falsely represented themselves as not having previously suffered from disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable”.

Please specify any pre-existing medical conditions or injuries which may affect work for which you have applied.

Do you suffer, or have you ever suffered any ongoing back, or joint complaints?	YES	NO	If YES, give details below:
---	-----	----	-----------------------------

Are you required to take medication which may affect your work performance / attendance at work?	YES	NO	If YES, give details below:
--	-----	----	-----------------------------

Is there any reason why you cannot wear safety, and or protective equipment? (Safety boots, gloves, glasses, hard hat, etc)	YES	NO	If YES, give details below:
---	-----	----	-----------------------------

Have you lost time from work in the past three years due to illness?	YES	NO	If YES, give details below:
--	-----	----	-----------------------------

Would you be willing to take a medical examination?	YES	NO	Would you be willing to take an alcohol and drug test?	YES	NO
---	-----	----	--	-----	----

### Workers Compensation

Have you ever lodged a workers compensation claim?	YES	NO	If Yes, Please give details below:
--	-----	----	------------------------------------

## DECLARATION

I declare that all answers provided for the medical assessment questionnaire are, to the best of my knowledge, true and correct in all aspects.

<b>Signed</b>	
<b>Date:</b>	
<b>KI Authorized Witness</b>	
<b>Signed:</b>	
<b>Date:</b>	

# CODE OF CONDUCT

---

---

The following Conditions of Employment apply to all Kimberley Industries (KI) employees.

## General Principles

- You are expected to perform your duties to the best of your ability at all times
- You must comply with any legislation, and all policies, standards and procedures, relevant to your workplace. In particular your compliance with Health and Safety requirements must be given a high priority.
- You will behave in a manner that ensures a working environment where all members of the workforce are treated with dignity, courtesy and respect

## Grievance Resolution

Any employee who considers that they have been subject to unfair decisions or treatment shall follow these steps:

- First you will discuss the matter with your direct KI Manager who will advise the timeframe in which an answer will be provided.
- Where the matter remains unresolved you may take the concern to the KI General Manager (GM) who will meet with you to discuss the matter. In consultation with the GM a timeframe in which to reach a resolution will be agreed upon.
- During the course of this process you will continue to perform your normal duties.

## Disciplinary Action

Kimberley Industries requires that all employees are treated fairly and consistently.

We require that both parties involved in a disciplinary process are honest, fair and reasonable in their dealings with each other. An employee can expect to be fully informed of all the details relating to a decision which may lead to disciplinary action. The employee must be given the opportunity to state his or her own case.

The decision maker must act fairly and openly without bias. All relevant information must be considered. The decision maker will be the relevant Kimberley Industries Manager. In conducting a disciplinary procedure, Managers must apply the requirements of natural justice.

## Reporting of Injuries

Whilst carrying out work duties as an employee of Kimberley Industries, employees are protected by Kimberley Industries Workers Compensation Insurance.

To ensure effective cover by this insurance it is important that any KI employee who suffers an injury during the course of their duties reports the injury as soon as possible to their KI Supervisor or a KI Manager.

## Fit For Work

It is the responsibility of all employees to be well rested and free from the effects of drugs or alcohol in the workplace. During work hours blood alcohol level must be 0.00. No illegal drugs are to be taken to or used on a work site at any time. Prescribed medication may also affect your ability to work safely. Discuss this with your doctor. If you believe you are unfit for work report to your supervisor. Do not present yourself for work. Failure to follow this policy may result in disciplinary action and possible termination of employment.

## STATEMENT

By signing this Application for Employment, I acknowledge all information listed is true and correct and that I have read and understood the Kimberley Industries code of conduct.

Signature

Date

**PLEASE ATTACH RESUME'S, CERTIFICATES OR OTHER DOCUMENTATION AS REQUIRED**