



Application for Employment

This form is to be completed when seeking employment within the Meales Group and its entities.

Please circle which entity and location you are seeking employment:

Meales Concrete Pumping: Bundaberg Darwin Hervey Bay
 Gladstone Mackay Moranbah
 Perth Sunshine Coast

MCP QLD: Brisbane

Specialised Concrete Pumping: Yatala Victoria

Pumpcorp: Brisbane

Name:			
Address:			
		Postcode:	
Phone:	(H):	(M):	
Email:			
Tax File Number:			
Date of Birth:			
High Risk Work Licence No:		High Risk Licence Expiry:	
High Risk Application, i.e. Concrete Pump, Forklift etc:		Construction Card No:	
Other Competencies; ie Working At Heights, First Aid, EMP, Scissor Lift, Scaffolder, Confined Space etc			
Type of Competency		Card No:	

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Type of Competency		Card No:	
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Drivers Licence No:		Classes:	
Transport Driving Record Provided:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your drivers licence ever been endorsed, revoked or suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details:			

TYPE OF EMPLOYMENT SEEKING:

Position: _____

FULL TIME
 PART TIME
 CASUAL

Are you prepared to work overtime, including Saturday? Yes No

EMPLOYMENT HISTORY:

Beginning with your current or most recent employment, please provide detailed working history of at least 5 (Five) Years:

We will contact any of your previous employers listed below for the purpose of confirming your employment details and determining your suitability for employment.

May we contact your **CURRENT** employer? Yes No

Company Name:		Position Held:	
Name of Supervisor:		Telephone No:	
Employment Dates:			
Your main duties and responsibilities:			
Location/Project		Reason for Leaving:	

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Your main duties and responsibilities:			
Location/Project		Reason for Leaving:	

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Company Name:		Position Held:	
Name of Supervisor:		Telephone No:	
Employment Dates:			
Your main duties and responsibilities:			
Location/Project		Reason for Leaving:	

NEXT OF KIN (in case of any Emergency):

Name:		Relationship:
Address:		
Contact Number(s):		

Name:		Relationship:
Address:		
Contact Number(s):		

MEDICAL HISTORY:

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 willful and false representations as not having previously sustained the injury or disability at the time of seeking employment. Therefore, please provide correct answers.

Have you ever made a claim for Workers Compensation? Yes No *(If YES, please provide details below).*

Description of Injury	Date Occurred	Duration	Employer

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FITNESS FOR WORK:

Are there any pre-existing ailments or medical conditions that may hinder or influence you ability to perform full duties? Please list below (ie: Dermatitis, Degenerative Spine disease, Hip replacement, Organ transplants etc)

Description of medical condition	Year injured or years with condition	Restrictions

Do you agree to undergo a full pre-employment medical assessment (including drug and alcohol screen) at the Company’s expenses? **Yes** **No**

Further medicals maybe required, such as Coal Board Medical and schedule Drug and Alcohol tests to support induction applications, etc. Do you agreement to undergo further medical assessments, as directed? **Yes** **No**

Do you agree to not be in the possession of or under the influences of alcohol or drugs whilst at work? **Yes** **No**

Is there any reason preventing you from wearing or using Personal Protective Equipment (PPE)? **Yes** **No**

Do you agree to the Meales Group obtaining a History Claims report from Workcover /QCOMP? **Yes** **No**

If you answered “NO” to the above, please provide details:

I, _____, declare that all answers are freely given and are true to the best of my knowledge and accept that any false or misleading information may lead to my dismissal. I authorise my previous employers to release details of my employment history.

Signed: _____ (Employee)

Date: _____

Please provide details as requested below:

Name:	
Pay slip Email Address:	

PAYMENT METHODS

Account Name:	
BSB No & Branch:	
Account Number:	

SUPERANNUATION:

Name of Fund:	
Address of Super Fund:	
Phone No of Super Fund:	
Member Number:	

OTHER:

BERT No:	
CIP NO:	
QLEAVE No:	

OFFICE USE ONLY

Commencement Date:	
Classification:	
Rate of Pay:	