

# WILLIAMS CRANES & RIGGING PTY LTD

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## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:		<input type="checkbox"/> CRANE OPERATOR	<input type="checkbox"/> DOGGER	<input type="checkbox"/> RIGGER	<input type="checkbox"/> OTHER
SURNAME		FIRST NAME/S			
ADDRESS			PHONE - HOME		
			PHONE - MOBILE		
DATE OF BIRTH			DO YOU SMOKE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NEXT OF KIN NAME ADDRESS			RELATIONSHIP		
			PHONE - HOME		
			PHONE - MOBILE		
COUNTRY OF CITIZENSHIP			PREFERRED NAME		
TAX FILE NUMBER			SUPER	FUND & MEMBER NUMBER	
Q LEAVE	MEMBER NUMBER		CIPQ	MEMBER NUMBER	

CERTIFICATES OF COMPETENCY / TRADE QUALIFICATIONS / DRIVER'S LICENCES ETC	DATE OF ISSUE	NUMBER	CLASSES
DRIVER'S LICENCE			
GENERAL SAFETY INDUCTION (BLUE CARD)			

DETAILS OF PREVIOUS EMPLOYMENT (MINIMUM PAST FIVE YEAR'S REQUIRED)				
EMPLOYER	PERIOD OF EMPLOYMENT	PERMANENT OR CASUAL	EMPLOYED AS	REASON FOR LEAVING

MAY WE CONTACT PREVIOUS EMPLOYERS FOR A REFERENCE?  YES  NO

REFEREES		
NAME	RELATIONSHIP	PHONE NUMBER

PLEASE PROVIDE DETAILS OF RELEVANT EXPERIENCE OR SKILLS


PLEASE ADVISE FOLLOWING WITH RESPECT TO CRANES YOU HAVE ATTAINED EXPERIENCE IN OPERATING / DRIVING				
CRANE	MODEL	CAPACITY	DETAIL OPERATING EXPERIENCE IN HOURS	EMPLOYER / OWNER

CURRENT PROJECT INDUCTIONS			
PROJECT/SITE etc	NUMBER	ISSUE DATE	EXPIRY DATE

WHAT IS YOUR GENERAL STATE OF HEALTH?

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DO YOU HAVE ANY ALLERGIES OR ANY MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE IN THE EVENT EMERGENCY MEDICAL TREATMENT IS REQUIRED?  
 YES      NO     IF "YES", PLEASE PROVIDE DETAILS:

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DO YOU HAVE ANY PHYSICAL DEFECT OR INFIRMITY IN LIMBS, EYESIGHT, OR HEARING OR EVER SUFFERED A FIT OF ANY KIND?  
 YES      NO     IF "YES", PLEASE PROVIDE DETAILS:

HAVE YOU EVER HAD BACK PROBLEMS, OR CARDIAC OR CIRCULATORY DISEASE?  
 YES     NO    IF "YES", PLEASE PROVIDE DETAILS:

DO YOU SUFFER FROM ANY CONDITION THAT CAN BE AGGRAVATED BY PERFORMING DUTIES IN ANY OF THE POSITIONS APPLIED FOR?  
 YES     NO    IF "YES", PLEASE PROVIDE DETAILS INCLUDING RESTRICTIONS OR LIMITATIONS:

DETAIL ANY OTHER DISABILITIES / MEDICAL CONDITIONS / PRIOR INJURIES / ILLNESSES ETC

ARE YOU WILLING TO UNDERGO A MEDICAL EXAMINATION?     YES     NO

IN THE PAST FIVE (5) YEARS, HAVE YOU IN ANY CAPACITY BEEN INVOLVED IN ANY CRANE, VEHICLE OR MOBILE MACHINERY ACCIDENTS OR INCIDENTS?  
 YES     NO    IF "YES", PLEASE PROVIDE DETAILS:

DATE	FULL DETAILS INCLUDING \$ VALUE OF DAMAGE & DAMAGE TO OTHER PARTY	WERE YOU AT FAULT
		YES / NO
		YES / NO
		YES / NO
		YES / NO

HAVE YOU EVER BEEN REPORTED FOR OR CHARGED WITH OR CONVICTED OF ANY OFFENCE IN CONNECTION WITH OR AS A RESULT OF THE OPERATION, DRIVING OR DOGGING OF A CRANE OR ITEM OF MOBILE MACHINERY?  
 YES     NO    IF "YES", PLEASE PROVIDE DETAILS:

HAVE YOU EVER HAD ANY INSURANCE DECLINED OR CANCELLED, RENEWAL REFUSED OR SPECIAL CONDITIONS IMPOSED?  
 YES     NO    IF "YES", PLEASE PROVIDE DETAILS:

HAVE YOU EVER HAD A LICENCE HELD BY YOU CANCELLED OR SUSPENDED, OR RECEIVED A WARNING THAT SUCH LICENCE MAY BE CANCELLED OR SUSPENDED?  
 YES     NO    IF "YES", PLEASE PROVIDE DETAILS:

PLEASE PROVIDE DETAILS OF ANY TRAFFIC OFFENCES IN THE PAST 5 YEARS:  
**\*\* PLEASE SUPPLY A CURRENT TRAFFIC HISTORY RECORD FOR PAST 5 YEARS IS REQUIRED**

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENCE?  
 YES     NO    IF "YES", PLEASE PROVIDE DETAILS:

# CRANE COMPETENCY

- ◆ I am currently the holder of all licences, certificates and permits required by Statutory and Workplace Health and Safety authorities to enable me to carry out my duties with Williams Cranes & Rigging Pty Ltd. Should anything happen to change my status regarding such licences, certificates and permits, I agree to notify Williams Cranes & Rigging Pty Ltd as soon as is practical after the event, but in any case, before again operating the plant, equipment and / or vehicles.
- ◆ I refer to the list below reflecting the various cranes of Williams Cranes & Rigging Pty Ltd.
- ◆ I acknowledge that where indicated as 'yes' I am familiar with those types of cranes and I am competent to operate, drive or direct as dogger those cranes.
- ◆ I understand that I am not to operate or drive any crane or vehicle unless I have undertaken specific familiarisation training in the crane or vehicle and I have been authorised by the company to operate / drive such crane or vehicle.

Crane	Competent to operate crane in crane mode (Operate crane)		Competent to operate crane in road travel mode (Drive crane on road)		Competent to direct crane as dogger	
	YES ✓	NO ✗	YES ✓	NO ✗	YES ✓	NO ✗
Franna AT-15						
Franna AT-20						
Franna MAC-25						
Tadano Crevo TR-100ML						
Kato KRM-13H						
Zoomlion QY30V						
Kato NK-250						
Tadano GT-550E						
Terex Demag AC55						
Terex Demag AC100						
P & H 440TC						
P & H 670TC						
Mazda Titan with 2.0t Tadano Vehicle Loading Crane						

## DECLARATION / AUTHORITY

- I declare that the information supplied by me in this application is true and correct and that I have in no manner withheld or suppressed any particulars.
- I hereby acknowledge that as a condition of my employment, I may be required to undergo tests to determine if affected by either alcohol or illegal drugs at any time during my employment with Williams Cranes & Rigging Pty Ltd. I understand that zero '0' tolerance applies.
- I understand that medical examinations may be required as a part of my employment and I hereby give permission for any Medical Practitioner / Health Provider to provide to Williams Cranes & Rigging Pty Ltd my health information and to liaise with them in this regard.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

