

WILLIAMS CRANES & RIGGING PTY LTD

86 Brownlee Street Pinkenba Qld 4008
PO Box 1079 Eagle Farm Qld 4009

ACN 056 901 725
ABN 60 056 901 725

Ph 07 3860 5055
Fax 07 3860 5044

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR

<input type="checkbox"/> CRANE OPERATOR	<input type="checkbox"/> RIGGER	<input type="checkbox"/> DOGGER
<input type="checkbox"/> TRUCK DRIVER	<input type="checkbox"/> OTHER	

PERSONAL DETAILS

SURNAME	FIRST NAME/S		
DATE OF BIRTH	PREFERRED NAME		
ADDRESS	PHONE - HOME		
	PHONE - MOBILE		
TAX FILE NUMBER			
SUPER	FUND	Q LEAVE	MEMBER NUMBER
	MEMBER NUMBER	CIPQ	MEMBER NUMBER

CITIZENSHIP

Are you an Australian citizen? Y / N		A copy of your Birth Certificate or Passport is required	
If NO:	Are you a permanent resident?	Yes / No	
	Do you have a Working Visa?	Yes / No	Expiry date: / /
	Are there any restrictions?	Yes / No	Details:
	Passport / ImmiCard number		

CERTIFICATES OF COMPETENCY / LICENCES

Please provide details of Certificates of Competency / Trade Qualifications/ Driver's Licence etc

Certificate / Licence	Number	Classes	Date of Issue	Expiry Date
HIGH RISK WORK LICENCE				
DRIVER'S LICENCE				
GENERAL SAFETY INDUCTION				
MSIC (Maritime Security Identification Card)				

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EMERGENCY CONTACTS

EMERGENCY CONTACT 1		EMERGENCY CONTACT 2	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE - HOME		PHONE - HOME	
PHONE - WORK		PHONE - WORK	
PHONE - MOBILE		PHONE - MOBILE	
RELATIONSHIP		RELATIONSHIP	

EMPLOYMENT HISTORY

Please provide details of your previous employment (minimum past 5 years required)

Employer	Period of employment	Permanent or casual	Position	Reason for leaving

May we contact your previous employers for a reference? Yes No

REFEREES

Please provide 3 referees whom we may contact for references

Name	Relationship	Phone number

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ACCIDENT / INCIDENTS / OFFENCES

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
		Yes / No

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 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:

Have you ever been charged with or convicted of any criminal offence?

Yes No if "yes", please provide details:

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MEDICAL HISTORY

What is your general state of health?:

Do you smoke?: Yes No

Have you had a recent medical examination? Yes No Date: / /

Have you had any of the following immunisations?:

Hepatitis A Yes No Date: / /
Hepatitis B Yes No Date: / /
Tetanus Yes No Date: / /

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:

Do you have any physical disability 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, including lifting objects or sitting for prolonged periods?

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

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CRANE COMPETENCY DECLARATION

■ 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 rig, operate, drive or direct as dogger those cranes.

■ I understand that I am not to rig, 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 rig / operate / drive such crane or vehicle.

Crane	Competent to operate crane in crane mode (operate crane)		Competent to rig 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 ✗	YES ✓	NO ✗
Franna AT-15								
Franna AT-20								
Franna MAC-25								
Tadano Crevo TR-100ML								
Kato KRM-13H								
Kato KR20H								
Zoomlion QY30V								
Tadano TL300E								
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 _____