



**NATIONAL INSULATION PTY LTD**

Please complete the application and return to PO BOS 631, FAIRFIELD NSW 1860 or email to admin@nationalinsulation.com.au

POSITION: \_\_\_\_\_ DATE APPLIED: \_\_\_\_\_

SURNAME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

ARE YOU PERMANENT RESIDENT OF AUSTRALIA? YES / NO

TRADE QUALIFICATIONS: \_\_\_\_\_ WHERE ACHIEVED? \_\_\_\_\_

EDUCATION QUALIFICATIONS: \_\_\_\_\_

DRIVER LICENCE No.: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

**DETAILS OF LAST THREE (3) EMPLOYERS (Starting with last or present):**

1. COMPANY NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ FORM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ FORM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

3. COMPANY NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ FORM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby nominate the individuals listed below to act as referees on my behalf and give authorisation to National Insulation Pty Ltd to contact these referees.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NAMES OF THREE (3) REFEREES (MUST LIST AT LEAST 2 PREVIOUS EMPLOYERS):**

1. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

2. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

3. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**OFFICE USE ONLY**

APPEARANCE: \_\_\_\_\_ GOOD / AVERAGE / POOR

PRESENTATION: \_\_\_\_\_ GOOD / AVERAGE / POOR

ATTITUDE: \_\_\_\_\_ GOOD / AVERAGE / POOR

Job Application form

PASSPORT SIGHTED: \_\_\_\_\_ YES / NO

REMARKS: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEDICAL**

1. ARE YOU RECEIVING, OR HAVE YOU EVER RECEIVED WORKERS' COMPENSATION PAYMENTS? IF 'YES' PLEASE GIVE DETAILS. YES NO

DETAILS OF COMPENSATION: \_\_\_\_\_

2. HAVE YOU EVER CONSULTED A DOCTOR OR TREATMENT FOR ANY OF THE FOLLOWING DISORDERS:

- |                               |     |    |
|-------------------------------|-----|----|
| a. JOINT OR MUSCULAR INJURIES | YES | NO |
| b. EYESHOT OR DEFICIENCY      | YES | NO |
| c. EPILEPSY OR BLACKOUT       | YES | NO |
| d. HEARING LOSS               | YES | NO |
| e. DIABETES                   | YES | NO |
| f. DERMATITIS                 | YES | NO |
| g. HEART COMPLAINTS           | YES | NO |
| h. HERNIA                     | YES | NO |
| i. ASTHMA OR BRONCHITIS       | YES | NO |
| j. BACK INJURY                | YES | NO |
| k. NERVOUS DISORDERS          | YES | NO |
| l. OTHER SKIN COMPLAINTS      | YES | NO |

3. WILL YOU HAVE A MEDICAL IF REQUIRED? YES NO

4. DETAILS OF ANY SERIOUS ILLNESS OR DISABILITY \_\_\_\_\_

**ASBESTOS REMOVALISTS APPLICATION ONLY**

- |   |     |    |
|---|-----|----|
| 1. DO YOU SMOKE?  | YES | NO |
| 2. CONDITION OF HEALTH  | YES | NO |
| 3. WEIGHT:  | YES | NO |
| 4. HEIGHT:  | YES | NO |
| 5. HAVE YOU WORKED WITH ASBESTOS BEFORE?                          | YES | NO |
| 6. DO YOU CONSENT TO A MEDICAL CHEST X-RAY PRIOR TO COMMENCEMENT: | YES | NO |
| 7. DO YOU CONSENT TO MEDICAL CHECK-UP ?                           | YES | NO |

I agree to observe personal hygiene in accordance with National Health and Medical Research Council's recommendations.

I am able to demonstrate proficiency during the pre-commencement training period and that failure to maintain this standard may result in my dismissal.

I agree to wear all required personnel protection equipment

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SAFETY QUESTIONNAIRE**

AS AN EMPLOYEE OF NATIONAL INTEGRATED SERVICES PTY LTD. YOU WILL BE REQUIRED TO WORK UNDER MANY VARYING CONDITIONS. PLEASE SIGNIFY BY ANSWERING 'YES' OR 'NO' TO WHETHER YOU ARE PREPARED TO:

- |  |     |    |
|--|-----|----|
| 1. WEAR AN IDENTIFICATION BADGE                | YES | NO |
| 2. WORK AT HEIGHTS                             | YES | NO |
| 3. WORK FROM SCAFFOLD                          | YES | NO |
| 4. WORK SHIFT-WORK WHEN REQUIRED               | YES | NO |
| 5. WORK OVERTIME WHEN REQUIRED                 | YES | NO |
| 6. WORK IN CONFINED SPACE                      | YES | NO |
| 7. HANDLE INSULATION MATERIALS e.g. Fibreglass | YES | NO |
| 8. WEAR APPROVED SAFETY GLASSES OR GOGGLES     | YES | NO |
| 9. OBSERVE ALL SECURITY REGULATIONS            | YES | NO |
| 10. OBSERVE ALL SAFETY REGULATIONS             | YES | NO |
| 11. JOIN AN APPROPRIATE UNION OF REQUIRED      | YES | NO |

**THIS SECTION MUST BE COMPLETED OR APPLICATION WILL BE REJECTED**

**DECLARATION BY APPLICANT**

I acknowledge that my employment with National Insulation Pty Ltd is subject to the following conditions:-

1. I agree to be transferred to any site or location that National Insulation Pty Ltd may work on.
2. I agree that the above information is true and correct and I understand that any misrepresentation of facts is sufficient cause for dismissal.
3. I understand that my wages will be directly credited to my bank account YES / NO
4. I am a legal migrant with work visa or Australian Citizen

\_\_\_\_\_

**PASSPORT with a work Visa or AUSTRALIAN CITIZEN CERTIFICATE MUST BE PRODUCED**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## DIRECT WAGE PAYMENTS

On this .....day of....., I .....  
do hereby give my permission for National Insulation Pty Ltd  
to pay my weekly wages directly into my bank account.

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

B.S.B. No: \_\_\_\_\_

ACCOUNT No: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYEE INFORMATION SUMMARY

COMMENCEMENT DATE: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_

### **PERSONAL DETAILS**

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

### **EMERGENCY CONTACT DETAILS:**

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

RELATED TO YOU? (e.g. wife, son or brother.)

\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

**Your TAX FILE No:** \_\_\_\_\_

*Tax File Declaration Form must be completed*

### **SUPERANNUATION DETAILS:**

SUPER NAME: \_\_\_\_\_

MEMBERSHIP No: \_\_\_\_\_

Job Application form

UNION NAME: \_\_\_\_\_ MEMBERSHIP No: \_\_\_\_\_

OTHERS: \_\_\_\_\_ MEMBERSHIP No: \_\_\_\_\_

**Job Application Check List:**

**Application MUST provide a copy:**

- Construction Card and/or White Card
- Driver Licence
- Passport

**Provide others Certificates if have:**

- Confined Space
- Height Risk Work: LF, WP, etc...
- EWP
- Working Safety at Height
- Asbestos Removal
- Others \_\_\_\_\_

# Job Application form

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