



KIDNER CONTRACTING PTY LTD

ABN 26 834 836 858

13 CARRICK STREET, RAVENSHOE, QLD, 4888

Telephone: (07) 4097 6766 Facsimile: (07) 4097 6767

E-Mail: [office@kidners.com.au](mailto:office@kidners.com.au) Web: [www.kidners.com.au](http://www.kidners.com.au)



# EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ SCHOOLING LEVEL REACHED: \_\_\_\_\_ YEAR: \_\_\_\_\_

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

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

TELEPHONE: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

ATTACHED DRIVER'S LICENCE: STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

CLASS(ES): \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

BLUE/WHITE CARD (30215 QLD – GENERAL SAFETY INDUCTION – CONSTRUCTION INDUSTRY):  Yes  No

ARE YOU REGISTERED WITH AN EMPLOYMENT AGENCY YES / NO

CONTACT DETAILS OF EMPLOYMENT AGENCY IF ENROLLED \_\_\_\_\_

### MACHINE TICKETS

Machine	Ticket Y/N	Hours Experience	Machine	Ticket Y/N	Hours Experience
Wheeled Loader			Body Truck		
Excavator			Concrete Truck		
Dozer			Semi Tipper		
Grader			Side Tipper		
Roller			Truck & Dog		
Skid Steer			Low Loader		
Backhoe			Oversize Loads		
Forklift			Road Train		
Rock Crusher			Screening Plant		

OTHER TICKETS: \_\_\_\_\_

OTHER EXPERIENCE: \_\_\_\_\_

TRADE QUALIFICATIONS: \_\_\_\_\_

OTHER QUALIFICATIONS: \_\_\_\_\_

COMMUNITY INVOLVEMENT/HOBBIES: \_\_\_\_\_

Completion of this *Employment Application* form in no way constitutes an offer of employment. I declare that I understand this, and that all particulars detailed on this form are true and correct.

**Please Attach photo or copy of Drivers Licence and White/Blue Card.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Where did you hear about this position? \_\_\_\_\_

**KIDNER CONTRACTING PTY LTD EMPLOYMENT APPLICATION**

**EMPLOYMENT HISTORY – PLEASE LIST THREE (3) MOST RELEVANT POSITIONS**

PERIOD OF EMPLOYMENT:	From: _____/_____/_____	To: _____/_____/_____
EMPLOYER'S NAME:	_____	
ADDRESS:	_____	
POSITION TITLE:	_____	
DUTIES:	_____ _____	
REASON FOR LEAVING:	_____	
PERIOD OF EMPLOYMENT:	From: _____/_____/_____	To: _____/_____/_____
EMPLOYER'S NAME:	_____	
ADDRESS:	_____	
POSITION TITLE:	_____	
DUTIES:	_____ _____	
REASON FOR LEAVING:	_____	
PERIOD OF EMPLOYMENT:	From: _____/_____/_____	To: _____/_____/_____
EMPLOYER'S NAME:	_____	
ADDRESS:	_____	
POSITION TITLE:	_____	
DUTIES:	_____ _____	
REASON FOR LEAVING:	_____	

**REFEREES – PLEASE MATCH TO POSITIONS LISTED ABOVE**

NAME OF REFEREE:	_____
POSITION TITLE:	_____
COMPANY NAME:	_____
PHONE NUMBER:	_____
NAME OF REFEREE:	_____
POSITION TITLE:	_____
COMPANY NAME:	_____
PHONE NUMBER:	_____
NAME OF REFEREE:	_____
POSITION TITLE:	_____
COMPANY NAME:	_____
PHONE NUMBER:	_____