



37—39 Chapman Street,
Fairy Meadow NSW 2519

Ph: 1300 559 835

Mob: 0402 573 557

Fax: 02 4284 4446

www.contractorsunited.com.au

ABN 27 083 083 649 ACN 083 083 649

APPLICATION FOR EMPLOYMENT

Privacy Disclaimer

Contractors United understands that you are concerned about your privacy and about the confidentiality and security of information we obtain from you. Therefore Contractors United complies with the National Privacy Principles as set out in the *Commonwealth Privacy Act 1988* in relation to all personal information we collect.

Contractors United respects the privacy of personal information and we will take all reasonable steps to keep it strictly confidential. Contractors United will only disclose personal information about you where required by law. Your personal information is stored securely where the staff members who handle it have the knowledge and skill to protect it from unauthorised access and misuse.

Applicant DETAILS

First Name: _____ Last Name: _____

Address: _____

_____ Post Code: _____

Telephone: Home: _____ Mobile: _____

Email: _____

Date of Birth: _____ Position: _____

Are you seeking (Please tick appropriate box);

Full-time Part-time Casual Work

Are you eligible for employment in Australia? (Please tick box);

Yes No

(Please note that proof may be required such as Australian Birth Certificate, Australian Citizenship Certificate, and Temporary Visa etc.)

Are you an Indigenous Australian or Torres Strait Islander? (Please tick box);

Yes No

Please sign each page to verify you have read, understood and comply with all information.





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TAX FILE NUMBER: _____

BANK DETAILS

Account Name: (e.g. John R Smith) _____

Bank: _____ Branch Location: _____

BSB Number: _____ Account Number: _____

SUPERANNUATION DETAILS

Fund Details: Name: _____

Address: _____

Membership / Policy Number: _____

If you do not hold a super account, you will not be paid, unless you stipulate you would like Contractors United to sign you up with a CBUS superannuation fund on your behalf.

Please tick the box if that is what you desire

Yes No

EMERGENCY CONTACT DETAILS

Name: _____

Address: _____

_____ Post Code: _____

Telephone: Home: _____ Mobile: _____

Relationship to Applicant: _____

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SPECIFIC SKILLS

White Card Number: _____

Do you possess a current driver's licence? Yes No

If yes, what is the classification: _____

Please select from below any skills or experience you may have.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Labourer | <input type="checkbox"/> Renderer |
| <input type="checkbox"/> Jack Hammer | <input type="checkbox"/> Helifix |
| <input type="checkbox"/> Brick Repair | <input type="checkbox"/> Crack Repair |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Patcher |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Administration |

Other/ comments _____

QUALIFICATIONS

Are you qualified in any of the following areas? (Please tick appropriate box and provide a copy of tickets / certificates)

- | | |
|---|---|
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Project Manager | <input type="checkbox"/> Builder |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Brick Layer |
| <input type="checkbox"/> Rigger | <input type="checkbox"/> Painter |
| <input type="checkbox"/> Dogman | <input type="checkbox"/> Traffic Controller |
| <input type="checkbox"/> Working at Heights | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Excavator | <input type="checkbox"/> Elevated Work Platform |
| <input type="checkbox"/> Fitter | <input type="checkbox"/> RISI |
| <input type="checkbox"/> Boilermaker | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Renderer | <input type="checkbox"/> Scaffolder |
| <input type="checkbox"/> Plasterer | Bluescope Passport |
| | <input type="checkbox"/> |

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Other/ Comments _____

EDUCATION

Tertiary (University, TAFE e.t.c): _____

Secondary (High School): _____

PLEASE SUPPLY COPIES OF ALL QUALIFICATIONS, SKILLS AND EXPERIENCE WITH THIS APPLICATION.

EMPLOYMENT DETAILS

Current/Previous Position: _____ From: ___/___/___ to ___/___/___

Employer: _____ Phone: _____

Type of Business: _____ Name of Referee: _____

Reason for leaving: _____

Previous Position: _____ From: ___/___/___ to ___/___/___

Employer: _____ Phone: _____

Type of Business: _____ Name of Referee: _____

Reason for leaving: _____

(Please note the Company may contact referee's to confirm details above and to further enquire about your suitability for the position – please advise if you do not want the Company to contact your current employer)



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HEALTH

Have you had any Workers Compensation Claims? Yes No

If yes, please provide details; for example type of injury and time off work:

To assist us comply with our obligation to ensure a safe workplace, and in order to enable us to determine whether applicants are able to safely and adequately perform duties required by the position, please provide details of any previous or current injuries, illnesses or disabilities (other than stated above) which you are aware, and which you believe may affect your ability to carry out the requirements of the position.

Do you have, or have you ever had:

Condition	No	If yes, please provide details
Heart conditions? (e.g. angina/heart attack)		
Wheezing, chest tightened, breathing problems?		
Asthma?		
Pneumonia?		
Disease of the brain or nervous system?		
Dizziness or fainting spells?		
Epilepsy, fits or convulsions?		
Migraine or severe/persistent headaches?		
Bowel disorder, ulcers or hernia?		
Sleep related disorders?		
Diabetes?		
Back injuries?		

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Condition	No	If yes, please provide details
Conditions of the bones, joints or limbs?		
Claustrophobia?		
Nervous disorders, psychiatric illness?		
Anxiety or depression?		
Any phobias e.g. insects, rats etc.?		
Bladder or kidney problems?		
Visual impairment?		
Hearing impairment?		
Contagious diseases?		
Severe anaemia or bleeding problems?		
Major operations?		
Any reason preventing you wearing a face mask?		
Are you currently taking any medication?		
Are you receiving any medical treatment?		
Any other medical conditions not mentioned?		
Are your immunisations up to date?		
Have you had Hep A, Hep B and tetanus immunisations?		

Please provide a doctor's certificate from your local GP stating that you are fit for work and can conduct manual labour prior to commencement.

If applying for confined space work, please provide a certificate stating that you are fit for work in confined spaces.



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Injury and Incident Procedure for Contractors United Pty Ltd

INJURIES:

All injuries are to be reported to the designated **First Aid Officer or Site Manager** in the workplace in which you are working **immediately**.

Contractors United Pty Ltd records all injuries on the Register of Injuries and **must be notified within 24 hours of the injury/incident occurring**.

Where the injury requires medical attention or off site treatment, Contractors United Pty Ltd completes an Incident Investigation Report and must be notified.

INCIDENTS:

For all incidents involving near misses, property/plant damage or injury to the public or the environment, Contractor United investigates and records the details in an Incident Investigation Report and **must be notified immediately** to the Site Manager and **Contractors United office within 24 hours of the incident occurring**.

RECORD KEEPING:

Contractors United keeps records of incidents and injuries in accordance with Statutory requirements.

Contractors United Pty Ltd completes an Incident Investigation Report in the event of any injury involving medical attention or off site treatment or in the event of any incidents involving a near miss, property/plant damage or injury to the public or the environment.

The principal contractor must be **informed immediately** in the event of the above

NOTIFICATION OF INJURIES:

- All injuries must be notified to the supervisor **immediately** or **as soon as practicably possible**.
- All injuries will be recorded in the Register of Injuries.
- Our Workers Compensation Scheme Agent will be notified of any injuries that may require compensation within 48 hours.

I _____ have received and understand the above Injury and Incident procedure of Contractors United.

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Drug and Alcohol Policy for Contractors United Pty Ltd

PURPOSE:

To establish guidelines that ensures a safe, healthy and productive drug-free work environment for the employees of Contractors United

SCOPE:

This policy affects and applies to all Contractors United Employees and Sub Contractors

POLICY:

Being under the influence of a drug or alcohol while on the job poses serious safety and health risks to the user and to co-workers. Therefore, Contractors United has established the following policy to ensure a drug-free work environment:

Contractors United has zero tolerance for the use of alcohol, illegal substances, or the misuse of prescription medications during work hours or the presence of these substances in the body during work hours regardless of when consumed.

Drug and alcohol tests may be administered pre-employment, re-entry, post accident, for causes or random.

A positive test result is any amount of alcohol or illegal substance as revealed by the test. The medical Review Officer will make the final decision as to a positive or negative test result. A positive test result will result in immediate termination off the worksite.

Alternate types of tests may be conducted when two or more tests within twelve months are found to be inclusive or a situation warrants such tests.

Failure to submit to a drug/alcohol test when requested or leaving the test site without completing the test is grounds for immediate termination. Other behaviors will be considered a refusal; tampering with the specimen or not reporting for a drug test without a valid reason immediately following an accident.

An ongoing drug free awareness program to inform employees has been established and begins with their initial agency orientation then continues on an annual basis.

Each employee will sign a statement of understanding that, as a condition of employment under grants providing funding for his/her position, the employee will abide by the terms of the drug free workplace statement and notify *Contractors United* in writing of his/her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such a conviction.

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An employee may voluntarily come forward and ask for rehabilitation counseling. He/she would be suspended without pay until a Substance Abuse Professional could certify that the employee is fit to return to duty. Any employee with a substance abuse problem is encouraged to seek help through Contractors United.

By Signing this Drug and Alcohol Policy I have read and understood the document.

Name _____ Signature _____ Date _____

Workplace Health & Safety Policy and Procedure for Contractors United Pty Ltd

POLICY

Contractors United Pty Ltd believe the health, safety and welfare of our employees, contractors, subcontractors, customers, consultants, visitors and the general public is of the utmost importance. Contractors United Pty Ltd is committed to providing assistance and advice to contracted employers in order to ensure the health and safety of our employees. Contractors United Pty Ltd believes all accidents can be prevented, and by aiming for a zero injury work environment we help improve productivity. Our reputation and profitability depend heavily on our commitment to safety.

OCCUPATIONAL HEALTH & SAFETY MANAGEMENT SYSTEM

In order to achieve the objectives of the OH&S Policy Contractors United Pty Ltd will implement an OH&S Management System. The management system will have a strong focus on continual improvement using consultation. The system will relate to and incorporate all aspects of OH&S including:

- Providing instruction, training and supervision to improve individual's understanding of workplace hazards, including safe work practices and emergency procedures.
- Compliance with relevant OHS, workplace, injury management and workers compensation, legislation and regulation.
- Ensure that OH&S is an integral part of management accountability and that OH&S considerations are not compromised by other business objectives
- Implement risk management processes and use employee consultation to involve employees in occupational health and safety matters and ways to recognise, evaluate and control workplace hazards
- Reporting, recording and investigating work related incidents, accidents, injuries, hazards, near misses and illnesses
- Ensure that all employees, subcontractors and third parties understand they have a personal responsibility to conduct their work in a safe manner.
- Provision of information to employees

Please sign each page to verify you have read, understood and comply with all information.



- Work design, workplace design and standard work methods
- Changes to work methods and practice
- Safety rules including disciplinary penalties for non-compliance
- Emergency procedures and drills
- Provision of OH&S equipment services and facilities
- Workplace inspections and evaluations
- To provide encouragement to contracted employers to maintain a safe & healthy work environment for all employees.
- Establishing measurable objectives and targets for continuous improvement

RESPONSIBILITIES

All managers and supervisors are responsible and accountable for the safety of employees, contractors, subcontractors, customers, consultants, visitors and the general public under their control. Managers and supervisors are responsible for ensuring all regulations, procedures and safe work practices are followed at all times.

Specific Responsibilities

a) Managers

Each manager is required to ensure that this policy and the OH&S program are effectively implemented in their areas of control, and to support their foreman and hold them accountable for their specific responsibilities. Managers are also required to liaise with and encourage contracted employers to meet our OH&S standards. Managers will also use consultation with employees in all OH&S matters.

b) Foreman

Each foreman is responsible, and will be held accountable, for taking all practical measures to ensure: that the workplace under their control is safe and without risks to health; and that the behaviour of all persons in the workplace is safe and without risks to health. Foreman will also use consultation with employees in all OH&S matters.

More specifically:

1. The foreman will always be held accountable for detecting any unsafe or unhealthy conditions or behaviour
2. If the foreman does not have the necessary authority to fix a problem, they will be held accountable for reporting the matter promptly together with any recommendations for remedial action to a manager who does have the necessary authority.

c) Managers and Foreman

The foreman or manager who has the necessary authority will be held accountable for taking prompt remedial action to eliminate any unsafe or unhealthy conditions or behaviour.



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d) Employees

All employees are required to cooperate with the OHS policy and programs to ensure their own health and safety and the health and safety of others in the workplace. All employees will carry out their work according to safe systems of work; use protective equipment provided and use all equipment, tools and materials as per training provided & in the manner for which they are intended. Employees will also use consultation with employers in all OH&S matters.

e) Contractors and Sub-contractors and Visitors

All contractors and sub-contractors engaged to perform work on the organisation's premises or locations are required, as part of their contract, to comply with the OHS policies, procedures and programs of the organisation and to observe directions on health and safety from designated officers of the organisation. Failure to comply or observe a direction will be considered a breach of the contract and sufficient grounds for termination of the contract.

All visitors are expected to follow s OHS policies and procedures whilst on the premises and not to adversely affect their own health and safety or that of others.

By signing this Occupational Health and Policy document I have read and understand the document.

Name _____ Signature _____ Date _____

DECLARATION

I understand that any false or misleading information given in this application, whether in writing or during an interview, may be reason for my employment, if I am appointed, to be terminated. I declare that to the best of my knowledge any information provided in or in relation to this application is true, complete and correct.

Applicants Signature: _____ Date: _____