



Welcome to the Southern Cross Industrial Group

Please read and ensure you understand the following before completing this form

1. This form is for you to register interest in employment with the Southern Cross Industrial Group. Completing this form does not guarantee you a job.
2. We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.
3. If you currently have any qualifications, we will need you to produce copies of the certificates at interview.

SECTION 1: PERSONAL INFORMATION

Mr Ms Mrs Miss

Surname:

First Name:

Preferred Name:

Date of Birth:

dd/mm/yy

Residential Address:

Suburb:

State:

Post Code:

Email:

Work Ph:

Mobile Ph:

Home Ph:

Current Occupation:

Are you an Australian Resident

Yes No

If you are not an Australian resident you must show that you possess an immigration visa that allows you to work in Australia.

Are you of Aboriginal or Torres Strait Islander descent?

Yes No

SECTION 2: EMERGENCY CONTACT INFORMATION 1

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer. Their address must be their actual home address. A post office box is not acceptable.

Surname:

First Name:

Relationship:

Residential Address:

Suburb:

State:

Post Code:

Work Ph:

Mobile Ph:

Home Ph:

SECTION 2: EMERGENCY CONTACT INFORMATION 2

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer. Their address must be their actual home address. A post office box is not acceptable.

Surname:

First Name:

Relationship:

Residential Address:

Suburb:

State:

Post Code:

Work Ph:

Mobile Ph:

Home Ph:



SECTION 3: QUALIFICATIONS 1

Please select the area of experience or the position that you have an interest in.

- | | | |
|---|---|--|
| <input type="checkbox"/> Auto Electrician | <input type="checkbox"/> Manager | <input type="checkbox"/> Administration Clerk |
| <input type="checkbox"/> Diesel Fitter | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Spare Parts Interpreter |
| <input type="checkbox"/> Boilermaker | <input type="checkbox"/> Marketing & IT | <input type="checkbox"/> Store Person |
| <input type="checkbox"/> Apprentice | <input type="checkbox"/> Accounting | <input type="checkbox"/> Other |

If you ticked OTHER, please provide details.

SECTION 3: QUALIFICATIONS 2

Other Trade Qualifications: (Details)

First Aid Certificate Yes No

Automotive Air Conditioning Licence	Cert/Ref No:	Expiry Date:	State:
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Queensland Electrical Licence	Cert/Ref No:	Expiry Date:	State:
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Forklift Licence:	Cert/Ref No:	Expiry Date:	State:
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BMA Core/Standard 11: <i>(Requirement before employment)</i>	Cert/Ref No:	Expiry Date:	State:
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Other Certificates: (Details)

SECTION 4: DRIVERS LICENCE INFORMATION

Copy of licence required with this application

Drivers Licence	Cert/Ref No:	Expiry Date:	State:
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- | | |
|--|--|
| <input type="checkbox"/> C Car | <input type="checkbox"/> HC Heavy Combination |
| <input type="checkbox"/> C-A Car with Auto Trans | <input type="checkbox"/> MC Multi Combination |
| <input type="checkbox"/> LR Light Rigid | <input type="checkbox"/> R-N Moped |
| <input type="checkbox"/> MR Medium Rigid | <input type="checkbox"/> R-E Motorcycle (max 250cc) |
| <input type="checkbox"/> HR Heavy Rigid | <input type="checkbox"/> R Motorcycle |
| <input type="checkbox"/> HR-A Heavy Rigid with Auto Trans | |



Defensive Driver Training Have you completed a Defensive Driving Course? Yes No

Cert/Ref No:

Expiry Date:

State:

SECTION 5: HIGHEST EDUCATION/TRADE QUALIFICATION

Highest education or trade level achieved:

Year Completed:

Name of organisation:

State:

- High School
- Trade Qualification
- Diploma/Certificate
- Other

If OTHER above, please provide details:

SECTION 6: EMPLOYMENT HISTORY

Beginning with your **current most recent** employment, please provide details of the **last FIVE years**, including any periods of unemployment.

May we contact your **current** employer? Yes No

1. Company Name:

Position Held:

Name of Supervisor:

Telephone Number:

Employment Dates: FROM: Month/ Year..... TO: Month/ Year.....

What were your main Duties/Responsibilities?

Location:

Reasons for leaving:

2. Company Name:

Position Held:

Name of Supervisor:

Telephone Number:

Employment Dates: FROM: Month/ Year..... TO: Month/ Year.....

What were your main Duties/Responsibilities?

Location:

Reasons for leaving:



3. Company Name:

Position Held:

Name of Supervisor:

Telephone Number:

Employment Dates: FROM: Month/ Year..... TO: Month/ Year.....

What were your main Duties/Responsibilities?

Location:

Reasons for leaving:

4. Company Name:

Position Held:

Name of Supervisor:

Telephone Number:

Employment Dates: FROM: Month/ Year..... TO: Month/ Year.....

What were your main Duties/Responsibilities?

Location:

Reasons for leaving:

SECTION 7: Health

A) A disability or pre-existing injury is not a barrier in the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete this section accurately.

Do you have a disability, pre-existing injury, illness or condition that may affect any aspect of your work performance or that may be aggravated or accelerated by the type of work you are applying for? Yes No

NOTE – If a prospective worker knowingly makes a false or misleading disclosure, under section 571C of the Queensland Workers Compensation Act 2003, the prospective worker or any other claimant will not be entitled to compensation or to seek damages for any event that aggravates the pre-existing injury or medical condition.

If you answered “Yes” to the above, please provide details below:

Description of injury or disability	Duration	Employer	Nature of Duties

B) Do you consent for Southern Cross to contact Workcover for details on pre-existing injuries? Yes No

C) Are you currently taking prescribed medications? Yes No

If you answered “Yes to the above, please provide brief details:

D) Do you wear contact lenses? Yes No



D) Do you suffer now or have you suffered in the past from any of the following?

- | | | | |
|---------------------|--|---------------------|--|
| Blackouts | Yes <input type="checkbox"/> No <input type="checkbox"/> | Skin Disorders | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Heart Problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | Physical Disability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blood Pressure | Yes <input type="checkbox"/> No <input type="checkbox"/> | Impaired Eyesight | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> | Lung Ailments | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Physical Disability | Yes <input type="checkbox"/> No <input type="checkbox"/> | Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Back Problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | Hearing Disability | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered YES to any of the above items, please provide brief details below:

E) Do you have difficulty with any of the following?

- | | | | |
|-------------------|--|---------------|--|
| Bending/Squatting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heavy Lifting | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Twisting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pushing/Pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Before starting employment all trade based site personnel will be required to have a current Coal Board Medical Certificate. Please provide details below. **(Please provide a copy of the certificate with this application)**

Coal Board Medical Certificate	Cert/Ref No:	Expiry Date:	State:
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SECTION 8: FITNESS FOR WORK

It is important to understand your fitness for work. Please answer the following questions:

- Do you agree to undergo a full pre-employment medical assessment (including drug and alcohol screen) at the company's expense? Yes No
- Part of the Southern Cross Group's HSEMS includes a Drug and Alcohol Testing Program to help ensure employees are not impaired whilst at work. Do you agree to participate in this program? Yes No
- Depending on the requirements of the work, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you working at heights? Yes No
- Do you agree not to be in possession of, under the influence of, or consume, intoxicating liquor or drugs in any workplace that the Southern Cross Group is involved in? Yes No

SECTION 9: OTHER REQUIREMENTS

The Southern Cross Group business involves Repair and Technical Service activity within mining lease boundaries and operational areas. It is therefore very important to observe certain rules and requirements. This also includes any rules and requirements that are in place from any mining company while conducting activity in their workplace.

Are you prepared to:



- Comply with all Company and Mine Site safety rules and procedures including clean shaven policy? Yes No
- Wear and use the security swipe and identification card to enter and leave the workplace? Yes No
- Wear and use appropriate safety harness when working at heights? Yes No
- Comply with all security requirements including vehicle, baggage and personal searches? Yes No
- If you are a smoker, are you prepared to comply with all rules, which restrict smoking? Yes No
- Not carry or use any personal mobile phones at the workplace unless authorised by the Manager? Yes No
- Not use any form of camera (including mobile phone cameras) in the workplace? Yes No
- Not use, carry or be in position of any weapons or firearms in the workplace? Yes No
- Agree to shift work if required, subject to being medically fit to do so? Yes No
- Agree that Southern Cross is not liable for any loss of personal tools or equipment in stored in vehicles, workplace or on site. Yes No
- Agree that you may have to compensate for any lost or stolen stock/tools previously held in your possession that are the property of Southern Cross Group Yes No

SECTION 10: UNIFORM SIZES

Administration Uniform

Trade Uniform

Uniform Type:

- Trade Shirt / Trade Pants
- Polo Shirt
- Admin Shirt (Men)
- Admin Shirt (Women)

Other

Please note that trade jacket administration pants/skirts are available at the employees expense

If OTHER above, please provide details:

Please indicate size:

- Small
- Medium
- Large
- XL
- XXL
- XXXL
- Other
- Pant Size _____ (e.g. Size 92)

If OTHER above, please provide details:

SECTION 11: DECLARATION

Before signing the declaration below, please read the following points and clarify anything that you are unsure of with this company's recruiting staff or Manager.

1. I certify that the information set out in this form to the best of my knowledge, is true and accurate.
2. I understand that the Company reserves the right to verify all information and any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of agreement or contract.



SECTION 12: SIGNATURE

I, have read, understood and agree to the terms above.
(Print name)

Signature

Date: dd/mm/yyyy

SECTION 13: OFFICE USE ONLY

Are there any medical conditions listed that may require a pre-employment medical? Yes No

Are all sections of the employment application complete? Yes No

Have reference checks been completed?

Reference 1 response: Poor Average Good Very Good

Reference 2 response: Poor Average Good Very Good

Other notes:

SECTION 14: OFFICE USE ONLY – MANAGER SIGNATURE

Print Name

CEO/Director

Signature

Date

Signature