

form below.

Application for Employment

PERSONAL INFORMATION					
Surname/ Family Name					
First Name(s)					
Street Address					
Email Address					
Mobile Number					
	LEGAL WO	RK STATUS			
			YES	NO	
Are you legally entitled to work in Australia?					
If yes, are you:					
An Australian Citizen					
A Permanent Resident					
A holder of a current worker permit					
If you hold a working visa, what type is it?					
	POSITION AF	PPLYING FOR			
What position are you applying	ng for?				
If you are applying for a trades/ project management role, please complete the skills					



RECENT WORKING HISTROY						
Name of current or most recent employer						
Position Held		Dates Employed				
Employer 2						
Position Held		Dates Employed				
Employer 3						
Position Held		Dates Employed				
TRAINING/ QUALIFICATIONS						
Give detail on qualifications suited to the role you are applying for e.g. Construction						
Training/ Qualification Year Studied/ Qualified						

Training/ Qualification	Year Studied/ Qualified

LICENSES				
		YES	NO	
Victorian Driver's License				
Victorian WorkSafe Accredited High Risk License				
High Risk License Number				

^{*}Send photo of Victorian Driver's License and Victorian WorkSafe Accredited High Risk License with your application form and Resume to info@qsw.net.au.



DRUG AND ALCOHOL TESTING AND MEDICAL INFORMATION					
		YES	NO		
Have you ever been convicted of driving u	nder the influence?				
If you are offered employment, you may b	e asked to undergo a pre-employment drug	and alcohol	test.		
If required to do so, do you consent to unc test if you are offered employment?	dergo a pre-employment drug and alcohol				
Do you have or, previously had, any health ability to effectively perform the role you h					
If yes, please provide details					
	nay be made subject to your obtaining a full assess your fitness for the job for which you				
If required to do so, do you consent to und offered employment?	dergo a medical examination if you are				
Are you allergic or have sensitivity to any s	substances or chemicals?				
Do you have any hearing disability or impa	airment?				
Have you had a significant back injury?					
Do you require glasses for reading, work or	r driving?				
In the past have you ever been exposed to):				
	Noise				
	Asbestos				
	Toxic Metals				
	Solvents				





	REFERENCES			
Name		Company		
Position		Phone		
Name		Company		
Position		Phone		
Name		Company		
Position		Phone		

Name:	 	
Signature:	 	
Date:		



QSW Skills Self-Assessment

Technical Skills	No Experience	Limited Knowledge	Competent	Able to Supervise	Able to Teach	Years Experience
English Language Speaking and Comprehension						
Communication Skills						
Conscientiousness						
Teamwork						
Drawing interpretation						
Problem Solving						
Ability to work unsupervised						
Health and Safety Knowledge						

Welding	No Experience	Limited Knowledge	Competent	Able to Supervise	Able to Teach	Years Experience
TIG Welding (GTAW)						
MIG Welding (SMAW)						
Stick Welding (MMAW)						
Pipe Welding - General						

Processing	No Experience	Limited Knowledge	Competent	Able to Supervise	Able to Teach	Years Experience
Pipe Spooling and Fabrication						
Pressure Testing - Hydro						
Plasma Cutting						
Gas Cutting						
Machining						
Mechanical Ability (fitting and alignment etc)						
Pickling and Passivating Stainless Steel						
Rolling and forming						



Machinery Use:	No Experience	Limited Knowledge	Competent	Able to Supervise	Able to Teach	Years Experience
Hydraulic Brake Press						
Guillotine						
Drill Press						
Lathe						
Mill						
Band Saw						
Punch and Shear Machine						
Magbase Drills						
Linishers and Grinder						
Hydraulic Press						
Plate Rollers						
Gantry Crane						
Mobile Cranes						
Forklift						

Name:		
Date:	 	
Signature:		