



Q.I.L PTY LTD EMPLOYMENT APPLICATION

1	Applicants Name :	
2	Address :	
3	Mobile Number :	
4	Position Applying For :	
5	Brief Description of Capabilities etc : (eg, Frame, Set, Fix)	
6	Do You Have Your Own Transport :	

<i>Tick if you have any of the following</i>			
	Yes	No	If "Yes" Give Details
7	Do You Hold a QLD Licence		
8	Do You Have a Trade Certificate / Indentures		
9	Certificate Number/Details (<i>Specify Trade</i>)		
10	Do You Have a BSA Contractor Licence		
11	Licence Number/Details (<i>Specify Trade</i>)		
12	Have You Left the Trade Within the Past 2 Years		
13	Number of Years in the Trade		

<i>Please Name 4 Jobs You Have Worked on in the Past 5 Years :</i>	
Job :	
Company :	
Year :	
Work Performed :	
Job :	
Company :	
Year :	
Work Performed :	
Job :	
Company :	
Year :	
Work Performed :	
Job :	
Company :	
Year :	
Work Performed :	

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<i>TOOLS AND COMPETANCE: Tick if you have any of the following</i>					
	Yes	No		Yes	No
4" Grinder			Router		
Compound Mitre Saw			Screw Gun		
Hammer Drill			Metal Cut Off Saw		
Power Actuated Tool			Dustless CFC Saw		
Track Fast Gas Gun			Vacuum Cleaner		
Stanley Knife			Impact Screw Gun		
Adjustable Stool			Nail Gun		
Crimpers			Collated Gun		
Mixing Drill			Circular Saw		
Nail Bag			Giraffe Sander		
Rotating Laser			Hand Setting Tools		
4 or 5 Point Laser			Setting Boxes		
Staple Gun			Large T Square		
Chalk Line			Levels		
String Line			Nibbers		
Large Onsite Tool Box			Drop Saw		

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<i>CERTIFICATES & PPE: Tick if you have any of the following</i>			
	Yes	No	If "Yes" Give Details
Blue Card			
Hard Hat			
Steel Capped Safety Boots			
Gloves			
Eye Protection			
Ear Protection			
Respirator			
Hi-Vis Shirts / Vest			
Knuckle Boom (over 11m)			
Scissor Lift			
Boom Lift			
Fork Lift			
First Aid			
WHOS			

MEDICAL HISTORY: Tick if you have any of the following if you Have Had			
	Yes	No	If "Yes" Give Details
Back Pain			
Back Injury / Operation			
Neck Pain			
Neck Injury / Operation			
Arthritic Condition			
Shoulder Condition / Injury / Operation			
Hip Condition / Injury / Operation			
Knee Condition / Injury / Operation			
Diabetes (sugar)			
Visual Impairments			
Hernia			
Heart Trouble / Angina			
Lung Problems / Asthma			
Blood Pressure			
Any Diseases			
Have you Ever made a Claim Against Workcover QLD			
If "YESY to "ANY" of the above question, would this impede you from your normal duties that you are Applying for			

I _____ of the above address, have understood the questions above and certify that the information which I have provided is true & correct. I understand that if any information is knowingly false or if it is established to be untrue, my application may not be considered and/or my employment may be terminated. I understand that if I do not disclose the existence of any pre-existing injury or disease that may affect my work, that I may not be entitled to Workcover Compensation if the nature of the job aggravated the pre-existing injury or disease

Signature:

Date: