



## EMPLOYMENT APPLICATION

### EQUAL OPPORTUNITY

Divall's affords equal employment opportunity to all qualified persons without regard to race, colour, religion, sex, age, national origin or veteran status. Women and minorities are encouraged to apply.

### DRUG & ALCOHOL POLICY

The position for which you are applying requires that, if selected for employment or placed on a roster of eligibility, you must submit to a substance abuse test and receive a negative result before being employed. Each person being tested will receive a copy of Divall's Drug & Alcohol Policy if and when a conditional offer of employment is extended. You may review a copy of the policy during regular office hours at the address listed above or at any project or field office. You may obtain further information by calling the telephone number listed above. Where permitted or required by law employees are also subject to random and for cause drug testing.

### MAINTENANCE OF APPLICATIONS

Divall's normally keeps applications active for six (6) months from the date of application.

**NOTICE TO APPLICANT:** NOTWITHSTANDING THE SUBMISSION OF A RESUME OR ANY OTHER MATERIAL, NO APPLICANT WILL BE CONSIDERED FOR EMPLOYMENT BY DIVALL'S UNLESS HE/SHE HAS COMPLETED THIS APPLICATION IN FULL. THE PROVIDING OF ANY INCOMPLETE, FALSE OR MISLEADING INFORMATION IN THIS APPLICATION, IN ANY RESUME OR SUPPORTING DOCUMENTATION, OR IN THE EMPLOYMENT SCREENING OR INTERVIEW PROCESS, SHALL BE SUFFICIENT GROUNDS TO REFUSE TO EMPLOY OR, HAVING BEEN EMPLOYED, TO IMMEDIATELY DISCHARGE.

1. GENERAL INFORMATION	
POSITION APPLIED FOR: <input type="checkbox"/> Clerical <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Light Vehicle Mechanic <input type="checkbox"/> Crusher Operator <input type="checkbox"/> Financial <input type="checkbox"/> Labourer <input type="checkbox"/> Truck Driver <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Project Management <input type="checkbox"/> Heavy Vehicle Mechanic <input type="checkbox"/> Plant Operator _____	
NAME:	DATE OF BIRTH:
ADDRESS:	TELEPHONE:  MOBILE:  EMAIL:
DRIVERS LICENCE NO.: _____  EXPIRY DATE: _____	HEAVY VEHICLE LICENCE NO.: _____  EXPIRY DATE: _____
HAVE YOU EVER WORKED FOR DIVALL'S BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, When? _____	

## 2. SKILL INFORMATION

If you are applying to drive or to operate equipment, please **TICK** below **ALL** vehicles or equipment with which you have experience and please indicate in the brackets the number of years experience you have with each vehicle or piece of equipment.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Heavy Vehicle – HC ( ) yrs        | <input type="checkbox"/> Heavy Vehicle – MC ( ) yrs   | <input type="checkbox"/> Loader ( ) yrs     |
| <input type="checkbox"/> Heavy Rigid Vehicle – HR ( ) yrs  | <input type="checkbox"/> Bulldozer (size)_____ ( )yrs | <input type="checkbox"/> Roller ( ) yrs     |
| <input type="checkbox"/> Heavy Combination Vehicle ( ) yrs | <input type="checkbox"/> Crusher ( ) yrs              | <input type="checkbox"/> Backhoe ( ) yrs    |
| <input type="checkbox"/> Dump Truck - Articulated ( ) yrs  | <input type="checkbox"/> Excavator (size)_____ ( )yrs | <input type="checkbox"/> Forklift ( ) yrs   |
| <input type="checkbox"/> Dump Truck ( ) yrs                | <input type="checkbox"/> Scrapper ( ) yrs             | <input type="checkbox"/> Skid Steer ( ) yrs |
| <input type="checkbox"/> Grader ( ) yrs                    | <input type="checkbox"/> Water Cart ( ) yrs           |   |
| <input type="checkbox"/> Other (specify)                   |   |   |

Have you ever worked within an accreditation system such as:

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| TruckSafe                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Civil Contractors System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please **TICK** below **ALL** skills that you have, tasks you have regularly performed and tools/equipment you have used. (**Regularly is defined as using daily or weekly**).

### EARTHWORKS

- place backfill
- check grades
- install silt fence
- install pipeline
- mass excavation
- utility trenching
- excavation
- fine gradework
- precast concrete
- landscaping
- later operation
- Pipe laying – sewer
- Pipe laying - stormwater

### SUPERVISION/LAYOUT

- Supervise crew – size ( )
- Supervise staff – size ( )
- Survey
- Read plans and spec's
- GPS Operation
- Topcon
- 
- Other (specify)

### TRAINING

- First Aid
- Workcover
- white Card
- track/Rail
- confined Space
- excavation
- forklift
- backhoe
- loader
- grader
- skid steer
- other (specify:

### ADMINISTRATION

- Keyboarding skills
- MYOB
- MS Office
- MS Word
- MS Excel
- MS Outlook
- Email
- Office Equipment
- Records Management
- Customer Service
- Cash Handling
- Mail
- Telephone Answering

Do you hold a valid and current or are able to demonstrate competency operators' licence?  Yes  No

If YES, please indicate class of licence held:

Issued by: (please tick)

- Registered Training Organisation (RTO)
- WorkCover
- Workplace Assessor

License Number:

STATE where licence was issued:

Please list any endorsement and/or restrictions to any licences held:

Within the last five (5) years, have you had any licence to operate any motor vehicle suspended or revoked by any authority for any reason?  Yes  No

If YES, please attach a separate page and state the date(s) and reason(s) for the suspension(s) or revocation(s).

Travel to projects as well as routine overtime and Saturday/Sunday work are common. You must be willing to travel when and where assigned and be available to work hours as determined by Divalls. The company provides travel expenses and single-occupancy accommodation (if required) when employees are required to travel specific distances and stay away from home.

Are you willing to travel?  Yes  No

Can you reliably get to your assigned work site?  Yes  No

Will you be reasonably available for overtime and weekend work when required?  Yes  No

What is the earliest date you are available to start working (DD/MM/YYYY) \_\_\_\_\_

### 3. HEALTH

Please provide any medical history or physical condition that might affect efficient or safe performance of the position that you have applied for, example disabilities, injuries, illnesses. (If insufficient space please attached on separate page.

Are you dependent upon medication?  Yes  No

If YES, please list:

Do you have a history of previous Workers Compensation claim(s)?  Yes  No

If YES, please provide further details:

Do you suffer from sleep disorder?  Yes  No

Do you agree to undergo a medical and hearing test by our Company Doctor? The medical may also include urine, and/or saliva based drug testing.

Yes  No

If **NO**, please state your reason why:

### 4 WORK HISTORY

*Please provide your work history, beginning with your most recent employment. Please attach additional pages if necessary.*

Name, Address and Telephone number of previous employer:

Position held and brief description of work performed:

Name and telephone number of Supervisor:	Dates of Employment: From: _____ To: _____
Reason for leaving?	
Name, Address and Telephone number of previous employer:	Position held and brief description of work performed:
Name and telephone number of Supervisor:	Dates of Employment: From: _____ To: _____
Reason for leaving?	
Name, Address and Telephone number of previous employer:	Position held and brief description of work performed:
Name and telephone number of Supervisor:	Dates of Employment: From: _____ To: _____
Reason for leaving?	

**5 BACKGROUND**

1. Have you ever pleaded guilty to or been convicted of a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been suspended or disciplined, either orally or in writing, by any previous employer or supervisor? If YES, you are required to state the reason on a separate page and attached to this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been discharged from a place of employment? If YES, you are required to state the reason on a separate page and attached to this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been asked to resign from a place of employment? If YES, you are required to state the reason on a separate page and attached to this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had any professional license or certification revoked or suspended If YES, you are required	<input type="checkbox"/> Yes <input type="checkbox"/> No

to state the length of time and reason on a separate page and attached to this form.		
6. Have you ever had a motor vehicle or registration revoked or suspended? If YES, you are required to state the reason on a separate page and attached to this form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you consent to a police security check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered <b>YES</b> to questions 1 through to 6 above, please attach a separate page or pages with a complete explanation for each question to which you answered yes to. Any explanation shall include a detailed description and the dates of the circumstances requiring you to answer yes. If you have answered <b>NO</b> to question 7 please attach separate page to application which includes reason for refusal. Failure to comply with question 5 may result in refusal to employ.		
<b>6 OTHER INFORMATION</b>		
Please attach a separate page or pages listing any other information that you would like the company to consider in making a decision concerning your employment such as academic or vocational training, degrees, awards or other relevant experiences.		
<b>7 CERTIFICATION, CONSENT, AUTHORISATION AND RELEASE</b>		
<b>IMPORTANT: Please read carefully before submitting your application.</b>		
I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS APPLICATION IN ITS ENTIRETY. I FURTHER CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION AND IN ANY ATTACHED PAGES IS TRUTHFUL AND ACCURATE AND BASED ON MY PERSONAL KNOWLEDGE. I UNDERTAND THAT ANY MISSTATEMENT OR CONCEALMENT OF FACTS WILL SUBJECT ME TO DISQUALIFICATION BEFORE HIRING OR DISMISSAL AFTER HIRING.		
I CONSENT TO DIVALLS VERTIFICATION OF ALL INFORMATION PROVIDED HEREIN OR HEREWITH. VERIFICATION MAY INCLUDE WITHOUT LIMITATION, OBTAINING ADDITIONAL INFORMATION AND DOCUMENTS FROM THE APPLICANT OR THIRD PARTIES, CRIMINAL, CONVICTION RECORD CHECKS AND INTERVIEWS OF REFERENCES, PREVIOUS EMPLOYERS AND SUPERVISORS.		
I HEREBY RELEASE DIVALL'S FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I MAY NOW OR HEREAFTER HAVE, INCLUDING BUT NOT LIMITED TO CLAIMS BASED ON PRIVACY, CONFIDENTIALITY OR DEFAMATION, AS A RESULT OF ITS VERIFICATION OF ANY INFORMATION CONTAINED HEREIN OR SUBMITTED HEREWITH OR AS A RESULT OF ITS OBTAINING ADDITIONAL INFORMATION RELATING TO MY PROSPECTIVE EMPLOYMENT.		
I AUTHORISE DIVALL'S TO OBTAIN AND I AUTHORISE ALL CURRENT AND PRIOR EMPLOYERS OR SUPERVISORS TO RELEASE TO DIVALL'S INFORMATION BASED ON MY EMPLOYMENT, INCLUDING BUT NOT LIMITED TO ALL ATTENDANCE AND LEAVE RECORDS, ALL DISCIPLINARY RECORDS, ALL DRIVING RECORDS AND ALL PERSONNEL FILES, REGARDLESS OF WHETHER SUCH INFORMATION ARE OTHERWISE CONFIDENTIAL UNDER STATE OR FEDERAL LAW. I FURTHER AUTHORISE ANY LOCAL, STATE OR FEDERAL INVESTIGATORS OR LAW ENFORCEMENT AGENCY TO RELEASE TO DIVALL'S ALL RECORDS OR INVESTIGATORY INFORMATION PERTAINING TO ME.		
I FURTHER HEREBY RELEASE ANY CURRENT OR PREVIOUS EMPLOYER OR SUPERVISOR AND ANY REFERENCE NAMED HEREIN FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I MAY NOW OR HEREAFTER HAVE, INCLUDING BUT NOT LIMITED TO CLAIMS BASED ON PRIVACY, CONFIDENTIALITY OR DEFAMATION, AS A RESULT OF ITS/HIS/HER HAVING PROVIDED, UPON THE REQUEST OF DIVALL'S TRUTHFUL, FACTUAL INFORMATION OR ANY RECORDS OR FILES AS DESCRIBED ABOVE.		
<input type="checkbox"/> Check this box to certify that you have read and accept the above statement.		
<b>Date:</b>	<b>Signature:</b>	
	<b>Printed Name:</b>	



# --OFFICE USE ONLY--

Date Application Received: \_\_\_\_\_ Initials: \_\_\_\_\_  Do not interview or process further, justification:

(initials): \_\_\_\_\_ Accepted by Management, signed (on behalf of or): \_\_\_\_\_

Schedule interview (initials): \_\_\_\_\_, Position: \_\_\_\_\_

Date contacted for interview: \_\_\_\_\_, time: \_\_\_\_\_. Contact Method:  In person  by phone  by telephone message  
 by mail  by email  by SMS

Interview Schedule for: \_\_\_\_\_ (date) at \_\_\_\_\_ am/pm at \_\_\_\_\_ (location).

Interview to be conducted by: \_\_\_\_\_

No show for interview  Interviewed by: \_\_\_\_\_. Recommendation after interview:  Hire  Don't Hire

References checked by: \_\_\_\_\_. Recommendation after Reference Check:  Hire  Don't Hire

Reference Check 1 Details: \_\_\_\_\_ (Contact Name). Date Referee Contacted: \_\_\_\_\_

Comments made by Referee: \_\_\_\_\_

Reference Check 2 Details: \_\_\_\_\_ (Contact Name). Date Referee Contacted: \_\_\_\_\_

Comments made by Referee: \_\_\_\_\_

Justification for non hiring: \_\_\_\_\_

Final Decision:  Hire  Don't Hire  Conditional offer made, Conditions: \_\_\_\_\_

Notification of inability to hire mailed to applicant. Notification date: \_\_\_\_\_ Initials: \_\_\_\_\_

Applicant notified of drug screen date: \_\_\_\_\_ Notification date: \_\_\_\_\_ Initials: \_\_\_\_\_

Applicant notified of drug screen result: \_\_\_\_\_ Notification date: \_\_\_\_\_ Initials: \_\_\_\_\_

Applicant failed to appear for drug screen:  Yes Reason given by Applicant: \_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_

Employment Offer made on: \_\_\_\_\_ (date) Initials: \_\_\_\_\_  Employment offer Accepted:  Yes  No

Employment Offer Conditions: \_\_\_\_\_

Applicant accepted offer:  Yes  Applicant Declined offer:  Yes  No Commencement Date: \_\_\_\_\_