

DENRITH PTY LTD
TRADING AS
DIVALL'S EARTHMoving & BULK HAULAGE
INCORPORATING
GOULBURN SAND & SOIL
ABN 46 060 434 871
www.divalls.com.au



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GOULBURN NSW 2580
TELEPHONE (02) 4829 8200
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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.

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: <div style="display: flex; justify-content: space-around;"> <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"/> Traffic Control <input type="checkbox"/> Plant Operator </div>			
How did you hear about this position: <input type="checkbox"/> Social Media <input type="checkbox"/> Divall's website <input type="checkbox"/> Other _____ <input type="checkbox"/> Seek/Other agency <input type="checkbox"/> Word of mouth			
NAME:		DATE OF BIRTH:	
ADDRESS:		TELEPHONE: MOBILE: EMAIL:	
DRIVERS LICENCE NO.: _____		VEHICLE CLASS/ES	
EXPIRY DATE: _____		<input type="checkbox"/> C <input type="checkbox"/> MR <input type="checkbox"/> HC <input type="checkbox"/> LR <input type="checkbox"/> HR <input type="checkbox"/> MC	
		<input type="checkbox"/> Restricted (Condition B – auto or synchromesh transmission only)	

HAVE YOU EVER WORKED FOR DIVALL'S BEFORE? Yes No If YES, when did you leave and what was your reason for leaving.

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

Have you ever worked within an accreditation system such as:

NHVAS/ TruckSafe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ISO9001/ ISO14001/ AS4801 Systems	<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**). In addition, please provide copies of evidence e.g. cards/licences/certificates etc.

EARTHWORKS	SUPERVISION/LAYOUT	TRAINING	ADMINISTRATION
<input type="checkbox"/> place backfill	<input type="checkbox"/> Supervise crew – size ()	<input type="checkbox"/> First Aid	<input type="checkbox"/> Keyboard/Typing skills
<input type="checkbox"/> check grades	<input type="checkbox"/> Supervise staff – size ()	<input type="checkbox"/> Workcover	<input type="checkbox"/> MYOB
<input type="checkbox"/> install silt fence	<input type="checkbox"/> Survey	<input type="checkbox"/> White Card	<input type="checkbox"/> MS Office
<input type="checkbox"/> laser operation	<input type="checkbox"/> Read plans and spec's	<input type="checkbox"/> Track/Rail	<input type="checkbox"/> MS Word
<input type="checkbox"/> mass excavation	<input type="checkbox"/> GPS Operation	<input type="checkbox"/> Confined Space	<input type="checkbox"/> MS Excel
<input type="checkbox"/> utility trenching	<input type="checkbox"/> Topcon	<input type="checkbox"/> Excavation	<input type="checkbox"/> MS Outlook
<input type="checkbox"/> excavation	<input type="checkbox"/> Trimble	<input type="checkbox"/> Forklift	<input type="checkbox"/> Email
<input type="checkbox"/> fine gradework	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Office Equipment
<input type="checkbox"/> precast concrete		<input type="checkbox"/> Loader	<input type="checkbox"/> Records Management
<input type="checkbox"/> landscaping		<input type="checkbox"/> Grader	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Pipe laying - stormwater		<input type="checkbox"/> Skid steer	<input type="checkbox"/> Cash Handling
<input type="checkbox"/> Pipe laying – sewer		<input type="checkbox"/> other (specify):	<input type="checkbox"/> Mail
<input type="checkbox"/>			<input type="checkbox"/> Telephone Answering

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

If YES, please indicate type of licence held:	Issued by: (please tick)
	<input type="checkbox"/> Registered Training Organisation (RTO) <input type="checkbox"/> WorkCover <input type="checkbox"/> Workplace Assessor
Licence 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 Divall's. The company provides travel expenses and accommodation (if required) when employees are required to travel specific distances and stay away from home.

Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you reliably get to your assigned work site? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 taking prescription medication on a routine basis? Yes No

If YES, please list:

Have you received two doses of a COVID-19 Vaccine? Yes No Prefer not to say

Do you have a history of previous Workers Compensation claim(s)? Yes No (If insufficient space please attached on separate page).

If YES, please provide further details:

Do you suffer from sleep disorder? Yes No

Do you agree to undergo a medical test by our Company Doctor? (Note: The medical will include a hearing test, breathing test and urine, and/or saliva-based drug test. The cost of the drug & alcohol test will be at the applicant's expense (currently \$65 subject to change) and will be reimbursed after 3 months successful employment.)

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 by any previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been discharged from a place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been asked to resign from a place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had any professional license or certification revoked or suspended	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had a motor vehicle or registration revoked or suspended?	<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 **YES** 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 **NO** to question 7 please attach separate page to application which includes reason for refusal. Failure to comply with section 5 may result in refusal of employment.

6. OTHER INFORMATION

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.

7. CERTIFICATION, CONSENT, AUTHORISATION AND RELEASE

IMPORTANT: Please read carefully before submitting your application.

- 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 understand that any misstatement or concealment of facts will subject me to disqualification before hiring or dismissal after hiring.
- I consent to Divall's verification 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.

Check this box to certify that you have read and accept the above statement.

Date:	Signature:	
	Printed Name:	

--OFFICE USE ONLY--

Divall's Earthmoving & Bulk Haulage	Application for Employment	13 Training and Competency	DEBH-Form-13-01	Published: 16/08/2022	Page 5 of 6 Version 4
Approved by: Andy Divall					

DEBH PROJECT:

DEBH JOB NO.:

Date Application Received:

Declined – Reason Proceed To Interview/Workplace Trial

Interview/Workplace Trial Notes (Conducted by)

Referee Check required

Yes No

Referee Check Notes (Completed by)

Recruitment Outcome

Applicant Engaged		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No – Reason
Date		HR Representative Signature			