



APPLICATION FOR EMPLOYMENT

VACANCY/POSITION	
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PERSONAL DETAILS (PRINT NEATLY)

FULL NAME			
HOME ADDRESS			
POSTAL ADDRESS (if different)			
HOME PHONE		MOBILE PHONE	
EMAIL ADDRESS			

DRIVERS LICENCE? (Please circle) Yes / No Manual / Auto Class? _____

QUALIFICATIONS	Institution	Year of Completion
LICENSES	Number	Expiry Date

EMPLOYMENT HISTORY – list your 3 most recent employers.

STARTED (mth/yr)	FINISHED (mth/yr)	POSITION HELD	BUSINESS NAME & ADDRESS	DIRECT SUPERVISOR NAME & NUMBER	REASON FOR LEAVING

REFERENCES – provide three work related references if different to those listed above (if you are a school leaver with no previous work history, please provide 3-character references, preferably teachers/educators)

NAME	CONTACT NUMBER	RELATIONSHIP



GENERAL DETAILS

When are you able to commence/ how much notice do you need to provide at your current role?			
What type of employment are you seeking? (number in order of preference)	<i>Fulltime</i>	<i>Part-time</i>	<i>Casual</i>
Are you able to work away from home if required by this position?	Yes / No – (circle one) If yes, please provide details:		
Have you previously worked for Condamine Drilling?	Yes / No – (circle one) If yes, please provide details:		
Do you have any limitations on the hours you are available to work (including shift/weekend work)?			
Are there any restrictions on your ability to work in Australia?	Yes / No [circle one] (if yes, please explain)		

Your position at Condamine Drilling may require you to sit for extended periods of time; view monitors or other electronic devices; work in confined spaces; be in control of company plant, equipment and/or vehicles; or perform manual handling tasks. All these elements can be impacted on by medical conditions and as such, the below pre-employment medical questions are part of your application and are asked to ensure your safety.

Do you have a DISABILITY or MEDICAL CONDITION that may affect your ability to work safely in the position applied for?

Yes / No

Nature of the disability? _____ Limitation caused by your disability? _____

Specific term for the disability? _____

Please tick if applicant identifies any of the following issues:

- Back Problem
- Colour Blind
- Eyesight Problem
- Asthma
- Hearing Problem
- Epilepsy
- Fear of Heights
- Fear of Confined Spaces

Will any identified issues affect your ability to perform in this role?

Yes / No

If "yes", what type of assistance is needed?

Do you have a known health condition which would compromise the safety of either yourself, your fellow employees, the public and/or company's property and limit your work performance?

Yes / No

If "yes", please give details



FULL DISCLOSURE

Failure to disclose any/all information about existing and pre-existing conditions on this form may lead to you not being able to claim certain WorkCover QLD or other legal claims/entitlements/benefits and may result in disciplinary action taken against you up to and including termination of employment. You certify that none of the above conditions/duties would affect your capacity to undertake the said tasks/processes/duties on site and stated in your position description and on this form. If there are any changes in your health condition (illness/wellbeing), you agree to notify your manager immediately or other relevant party at Condamine Drilling. By signing this form, you consent for Condamine Drilling to contact a medical/health professional, Workcover or other agent for any history of any existing/pre-existing conditions, and you understand that you have read, can complete and understand all said duties, please refer to Position Description [and medical pre-employment] if you are unsure of such duties. Should any alteration, change or rearrangement be necessary to enable you to effectively carry out the inherent requirements of the position, we also request that you disclose these requirements and into the future.

DECLARATION

To the best of my knowledge, I believe that the above statements and or information contained in this document are true and correct. I understand that any deliberately false, misleading or incomplete statements may lead to my dismissal, (if employed) and or application beingsuspended.

I, (print name) _____ give this company permission to conduct any relevant reference checks andobtain the required information from past employers and or other relevant parties or anything else that may be applicable to this application. I understand that this will be done in an ethical and legal manner and will not compromise my current employment situation. I acknowledge that a Criminal History Check and or a Driving License and Traffic History Check may be carried out on me, and by signing this form I agree and give my full authority for this check to be undertaken. I further acknowledge that I may be required to complete a Pre-Employment Medical and or Drug and Alcohol Test to be completed by a provider of Condamine Drilling's choice and agree and give my full authority for this medical to be completedand details of the results to be provided to Condamine Drilling. I agree to complete any necessary documentation or authorities to enable all the above checks to be completed to the satisfaction of Condamine Drilling.

SIGNATURE: _____ **DATE:** _____

This company is an EEO employer (Equal Employment Opportunity) and does not discriminate against any current or future employee. If you feel at any stage this company or a representative of this company has discriminated against you, please raise this with us.

Definition of Company in this document is, "Condamine Drilling Group Pty Ltd and/or its associated companies and or other business interests".