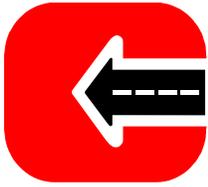


CARRINGTONS TRAFFIC SERVICES

EMPLOYMENT APPLICATION

FORM TITLE	EMPLOYMENT APPLICATION FORM		
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IMPORTANT INFORMATION FOR APPLICANTS

Please read this before you commence your employment application for a position with Carringtons Traffic Services.

The information you provide within this employment application form will be used to assess your suitability for employment with Carringtons Traffic Services.

When completing this employment application form, it is important that:

- You answer **all** sections accurately and provide detailed information to the best of your knowledge and ability.
- Answer all sections.
- Attach copies of any relevant additional information that you believe to be applicable to your employment application.
- Attach copies of current traffic management accreditation and / or other competencies information that you believe to be applicable to your employment application.
- Attach a copy of your resume.

Making an application for employment does not constitute an 'offer of employment' by Carringtons Traffic Services.

CONFIDENTIALITY

All information provided will be treated in the strictest confidence and will be used by Carringtons Traffic Services personnel only in assessing your application for employment. Your personal information will not be disclosed to any party external to Carringtons Traffic Services for any reason.

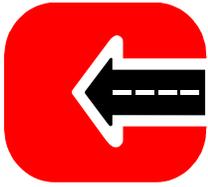
If you are successful in obtaining employment with Carringtons Traffic Services, the company may have a future obligation to provide information contained within your employment application to certain agencies as requested, which may include:

- Officers of the State Government of Western Australia.
- Insurance Agencies.
- Legal agencies / people such as lawyers.
- Our clients (to verify traffic management accreditation only).

In all instances, where the release of information is considered to be a breach of the 'right to privacy' or 'freedom of information' laws, Carringtons Traffic Services will seek your approval to release information when requested to do so by external parties.

In proceeding with this application, you acknowledge the conditions of confidentiality and accept these conditions without limitation.

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1. POSITION APPLYING FOR

Traffic Controller	<input type="checkbox"/>
Crew Leader	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>

2. PERSONAL DETAILS OF APPLICANT

Name			
Date of Birth		Age	
Place of Residence			
Suburb		Postcode	

Mailing Address (if different to place of residence):

Mailing Address			
Suburb		Postcode	

Contact Numbers:

Home Phone		Mobile	
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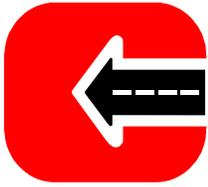
Email Address:

Do you consent to Carringtons Traffic Services distributing relevant information, policies and other company material to you via Email?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you an Australian Citizen or able to legally work within Western Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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NOTE: If you are not an Australian citizen, please attach copies of work visa which entitles you to work in Western Australia.

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3. DRIVERS LICENCE DETAILS

Drivers Licence Number							
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Type of vehicle authorised to drive	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>
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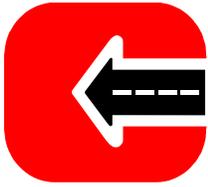
Please detail the class of vehicle you are authorised to drive?	C class <input type="checkbox"/>	Medium Rigid <input type="checkbox"/>	Heavy Rigid <input type="checkbox"/>
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Is your driver's licence suspended at the time of making this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had your driver's licence cancelled or suspended in the last 5 years for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you committed any driving offences or had any accidents in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been refused insurance cover, had insurance cover cancelled or any special conditions imposed on insurance coverage in the last 5 years for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you made a claim for a motor vehicle accident or associated property damage in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had a car stolen or burnt out in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please specify offences / accidents (write NA if not applicable).

Date of Incident	Details of each Incident	Your Insurer	Person at Fault
<i>E.G. Feb 2007</i>	<i>Speeding: 80 km/h in a 60 km/h zone, lost 3 points.</i>	-	<i>Self</i>
<i>E.G. April 2009</i>	<i>Hit third party in the rear at traffic lights. Made claim.</i>	<i>QBE</i>	<i>Self</i>

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4. TRAFFIC MANAGEMENT ACCREDITATION

Do you have traffic management accreditation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Type	BWTM <input type="checkbox"/>	TC <input type="checkbox"/>	AWTM <input type="checkbox"/>
Accreditation Number			
Date of Expiry			

Do you have Construction Safety Awareness Training (Blue Card / White Card)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accreditation Number		Date of Issue

5. BANK / SUPERANNUATION DETAILS

Bank	
Branch	

Account Name										
BSB										
Account Number										

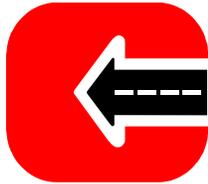
Superannuation Provider											
Phone Number											
Suburb				Postcode				State			
Member Number											

Do you wish to make voluntary contributions to your superannuation fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Percentage of gross weekly pay		Weekly Amount

NOTE: Carringtons Traffic Services will pay superannuation to your fund provider as directed. If you do not provide an existing superannuation fund, you will be required to join Westscheme and fill in an application form.

It is the responsibility of the applicant to maintain current superannuation and banking details during the term of employment.

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6. MEDICAL HISTORY

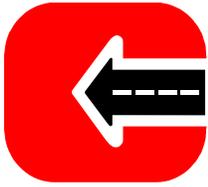
IMPORTANT NOTICE

Section 79 of the Workers' Compensation Act 1981 (WA) gives the Workers' Compensation Board discretion to refuse to award compensation which would be payable, where it is proved that the worker has, at the time of seeking or entering employment, wilfully and falsely represented him or herself as not having previously suffered the disability, the subject for the claim for compensation. Failure to accurately and completely provide the information requested may lead to Carringtons Traffic Services taking disciplinary action against you, including possible termination of employment.

Please answer the following questions:

1. Have you ever or do you currently have a back injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever, or do you currently have a neck/shoulder/wrist/knee sprain or strain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever, or are you currently experiencing chest or heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever, or do you currently have any broken bones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever, or are you currently experiencing infection of the nose, throat or ear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you have diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have asthma or similar respiratory conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have you ever, or are you currently experiencing skin trouble such as dermatitis, psoriasis or similar conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you have an eyesight deficiency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Do you have a bone disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Do you have any history of Hepatitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Have you ever, or are you currently experiencing hernia or joint problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever, or are you currently experiencing any disability or impairment that may affect your ability to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Are you currently on workers compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are you currently taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are you a smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Are you currently undergoing any treatments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Do you have any other conditions, illness or injuries that may be relevant in assessing your ability to perform specified work duties or limit your abilities to perform specified work duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Please list additional information to assist in determining your suitability for employment, if you answered yes to any of the above questions.

<u>NUMBER</u>	

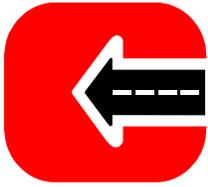
Have you ever made any claims for workers compensation for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please list additional information if you answered yes to the above. If you have had more than 2 compensation claims during your working career, please advise at the interview stage.

Date		Days absent from work	
Employer			
Were you cleared to return to work by a medical practitioner?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you declared to be fully fit to return to work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any ongoing issues with the injury / illness at any time?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date		Days absent from work	
Employer			
Were you cleared to return to work by a medical practitioner?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you declared to be fully fit to return to work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any ongoing issues with the injury / illness at any time?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Please provide your preferred medical practitioners name and location.

Medical Practitioner's Name			
Business address			
Suburb		Postcode	
Phone		Fax	

7. EMERGENCY CONTACTS / NEXT OF KIN

Name			
Relationship to you			
Home Phone		Mobile 1	
Work Phone		Mobile 2	

Name			
Relationship to you			
Home Phone		Mobile 1	
Work Phone		Mobile 2	

8. FITNESS FOR WORK

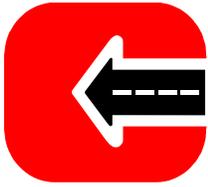
Carringtons Traffic Services require that you are medically fit to perform work duties as required by the company during your term of employment.

If an offer an employment is made to you, do you agree to undergo a full medical assessment by a licensed medical practitioner nominated by Carringtons Traffic Services, at the company's expense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you agree to undergo additional medical assessments during your employment at Carringtons Traffic Services, as directed by the company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Carringtons Traffic Services have a zero tolerance to the use of illegal drugs and / or alcohol within the workplace, including being under the influence of illegal drugs and / or alcohol within the work place whilst performing work duties.

Do you agree to undertake a pre employment drug and alcohol screen at the company's expense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you willingly participate in random drug and alcohol testing whilst employed by Carringtons Traffic Services, including testing by our clients when performing work duties at a work site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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9. CRIMINAL HISTORY

Carringtons Traffic Services have an obligation to declare information to clients with regard to an employee's criminal history. Whilst the information requested below does not necessarily preclude you from receiving an offer of employment, it may be used in assessing your suitability for an offer of employment or suitability for specific projects undertaken by Carringtons Traffic Services which you may be engaged in.

Do you have a police clearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you get a police clearance if requested to do so by Carringtons Traffic Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a criminal offence resulting in detention, suspended sentences, fines or other punishment in accordance with the criminal codes of Australian states and territories?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please detail additional information if you answered yes to criminal convictions.

10. PPE REQUIREMENTS

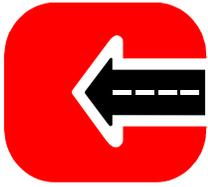
Carringtons Traffic Services have a policy for minimum requirements with regard to wearing PPE at the work site and will abide by the Client's site specific requirements as requested.

Are you prepared to wear the PPE to meet the minimum requirements for Carringtons Traffic Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to wear the PPE to meet the site specific requirements for Carringtons Traffic Services Client's?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Carringtons Traffic Services will provide financial assistance in meeting the minimum PPE requirements.

Are you prepared to pay a \$100 PPE bond, to be deducted from your first pay, to cover initial expenses for minimum PPE requirements? <i>Please note, this will be refunded to you when you have worked with Carringtons Traffic Services for a period of 3 months continuously.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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11. WORK CONDITIONS / HOURS OF WORK

Your employment with Carringtons Traffic Services will include varying hours of work between Monday to Sunday and may be rostered to work at any time of the day.

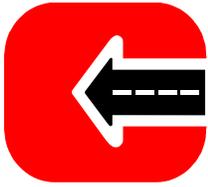
Whilst employed at Carringtons Traffic Services, there will be occasions where you may be engaged to work weekends or night shifts.

Are you available to work night shifts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work weekends, including at least 1 in every 2 weekends if required, during peak business periods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work weekdays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work six days a week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work in regional areas where you will be required to stay in accommodation other than your place of residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work for prolonged periods in regional areas where you will be required to stay in accommodation other than your place of residence, for long term periods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work on a rotational roster system such as 3 weeks on / 1 week off roster, or similar rosters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have any restrictions on your availability to Carringtons Traffic Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please detail additional information if you answered yes to availability restrictions.

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12. TRADE QUALIFICATIONS

Do you have any trade qualifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please detail additional information if you answered yes to trade qualifications and attach copies of qualifications.

13. TRAINING PROGRAMS

Please indicate any job related skills training programs you have participated in through accredited training providers or internal programs at other places of employment.

Continuous Improvement	<input type="checkbox"/>	Team Work	<input type="checkbox"/>	'Out of Service' Tagging	<input type="checkbox"/>	JSA / Risk Analysis	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	Fire Fighting	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>
Working at Heights	<input type="checkbox"/>	Communications	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	Hazard Analysis	<input type="checkbox"/>

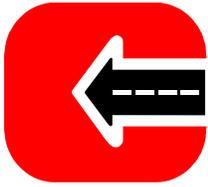
Please detail additional information if you answered yes to participating in training programs and attach copies of level of attainment if available.

Training Program Provider	
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Training Program Provider	
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Are you prepared to undertake any training programs as deemed necessary by Carringtons Traffic Services during your employment with the company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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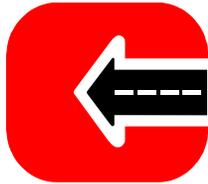


14. EMPLOYMENT HISTORY - LAST 5 YEARS

Company Name			
Position			
Employed From		Employed To	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			

Company Name			
Position			
Employed From		Employed To	
Referee		Contact Number	
Work Duties and Responsibilities			
Reason for Leaving			

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15. CONSENT AUTHORITY

I consent to Carringtons Traffic Services and their insurers, as well as the company's appointed service providers, to collect personal information, inclusive of sensitive information such as medical information, about me and use it for the purpose of assessing and managing my workers' compensation claim, including determining liability and whether my claim is true.

This consent extends to Carringtons Traffic Services and their insurers disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my current or subsequent claim.

My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to Carringtons Traffic Services and their insurers disclosing my personal details to Work Cover WA, which is authorised to use this information to fulfill its functions and obligations under the *Workers' Compensation and Rehabilitation Act 1981* (WA).

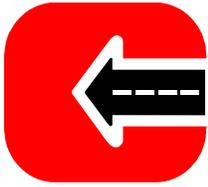
I certify that all this information is true to the best of my knowledge. I have read all the information and understood all the company's terms and conditions of employment. I authorise Carringtons Traffic Services to obtain my personal information from my doctor and where applicable the insurance company for any workers' compensation at the time. I understand that if I have falsified any work details or medical details my employment will be terminated. I will comply with all the client/company policies and relevant safe work practices, and observe the requirement of the relevant Occupational Health and Safety Act and Regulations.

Carringtons Traffic Services is collecting personal information through this application process to enable it to select and recruit staff. Carringtons Traffic Services, it's advisors and any persons engaged by them to assist in the selection and recruitment may use and disclose your information for selection and recruitment purposes. This may include contacting any referee nominated by you.

Please note that, in the event that your application with Carringtons Traffic Services is successful, the personal information that Carringtons Traffic Services holds about you, which relates to your selection, recruitment and employment by Carringtons Traffic Services will become an employee record under the Privacy Act (1988). This means that Carringtons Traffic Services will generally be exempt from the requirements of the Privacy Act in respect of that information. Other statutory obligations may apply.

SIGNED (APPLICANT)	
NAME (APPLICANT)	
DATE	

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16. EMPLOYMENT APPLICATION CHECK LIST - MANAGEMENT USE ONLY

Name of Applicant	
Position Applied For	

Personal details declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driving record declared and verified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copies of traffic management accreditation provided and verified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bank details declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Superannuation details declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency contacts / next of kin declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical history declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fitness for work declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Criminal history declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work conditions / hours of work acknowledged and declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PPE Requirements acknowledged and declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employment history declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consent authority acknowledged and declared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have all sections been completed satisfactorily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pre employment medical required before proceeding with application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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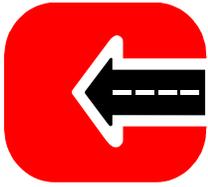
Is additional information required from the applicant to support the details provided within the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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IS THE APPLICANT SUITABLE FOR EMPLOYMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Please detail additional information if you answered NO to suitability for employment.

SIGNED		DATE	
NAME			
POSITION			

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17. APPLICANT INTERVIEW CHECKLIST – MANAGEMENT USE ONLY

Name of Applicant	
Position Applied For	

Date of Interview	
Interviewed By	
Position	

CAN AN OFFER OF EMPLOYMENT BE MADE TO THE APPLICANT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Please detail additional information if you answered NO to making an offer of employment.

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SIGNED		DATE	
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18. OFFER OF EMPLOYMENT CHECKLIST – MANAGEMENT USE ONLY

Personal & Payroll details entered into MYOB?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tax declaration completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Traffic management accreditation entered into 'Personnel Matrix'?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety Awareness Training Card entered into 'Personnel Matrix'?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee 'PPE' form created and entered into 'Personnel Matrix'?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
'Employee Handbook' provided to applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have Company Policies been provided to the applicant and explained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

19. APPLICANT DEPOT INDUCTION CHECKLIST – MANAGEMENT USE ONLY

'PPE' distributed to applicant and has been instructed on correct use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant has been shown the 'Depot' and instructed on Depot procedures currently in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant has been shown the 'Company Policy' and 'Information Boards' in the Depot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date of Depot Induction	
Induction By	

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