BFB SCAFFOLDING

Please Note: *Pre employment medical including Drug and Alcohol Screening will be conducted.*

Return your completed form with resume to:
Mackay: admin@bfbscaffolding.com.au or
Rockhampton: accounts@bfbscaffolding.com.au

CASUAL EMPLOYMENT APPLICATION FORM

Branch Location Application:	☐ **MACKAY**	☐ **ROCKHAMPTON**
Resume Attached:	☐ **Yes**	☐ **No**
Full Name:		
Date of Birth:	/ /	
Address:		
Mobile Number:		
Telephone Number:		
Email Address:		

Drivers Licence:	**Number:**	**Class:**
	Conditions:	**Expiry:**

General Safety Induction:	**Blue/White Card Number:**		
Forklift Ticket	☐ **Yes**	☐ **No**	
Scaffold Ticket	☐ **Yes**	☐ **No**	
Level	☐ **Basic**	☐ **Intermediate**	☐ **Advanced**
Working at Heights	☐ **Yes**	☐ **No**	
Confined Space	☐ **Yes**	☐ **No**	
Additional HRW Codes:			
Additional Qualifications:			
Do you identify as any of the following:	☐ **Aboriginal**	☐ **Torres Strait Islander**	☐ **No**
Do you confirm that you have the physical ability to perform scaffolding duties?	☐ **Yes**	☐ **No**	

Are you fit for Repetitive Lifting & Bending?	☐ **Yes**	☐ **No**			
Do you have any Allergies?	☐ **Yes**	☐ **No**	*(If yes, please advise details below)*		
Details:					
Treatment:					
Do you require a Medication Declaration?	☐ **Yes**	☐ **No**	*(If yes, please advise details below)*		
Details:					
Are you Q-Fever vaccinated?	☐ **Yes**	☐ **No**			
Do you have difficulties with the following:					
Reading	☐ **Yes**	☐ **No**	Literacy	☐ **Yes**	☐ **No**
Writing	☐ **Yes**	☐ **No**	Numeracy	☐ **Yes**	☐ **No**
Do you have any pre-existing injuries or suffered any major medical incidents? ☐ **Yes** ☐ **No** *(If yes, please advise details below)*					

Previous Employment History *(Please indicate employment within the last 5 years)*

References	
Name 1:	
Job Description:	
Phone Number:	
Name 2:	
Job Description:	

Phone Number:	