



# RUC Cementation Mining Contractors Pty Ltd

1 YALPARI ROAD, Kalgoorlie WA 6430  
Telephone: +61 (8) 9021 7777 - Facsimile: +61 (8) 9021 3333  
Email: Raisebore @ ruc.com.au

## RUC CEMENTATION MINING CONTRACTORS

### Application for Employment

**EMPLOYMENT IS CONDITIONAL ON PASSING MEDICAL, CLEARANCE AND PAST EMPLOYER CHECKS**

Position Applied for: .....

Date Available: .....

#### PERSONAL DETAILS

Surname: ..... Mr\Mrs\Miss: .....

First Name: ..... Preferred Name: .....

Residential Address: .....

Postal Address: ..... Post Code: .....

Telephone No: Home: ( .... ) ..... Post Code: .....  
Date of Birth: ( ..... / ..... / ..... ) Work: ( .... ) .....

Nationality: .....

Languages Spoken: .....

Marital Status: Married \ Single \ Divorced \ Widowed

Spouse's Full Name: .....

Spouse's Occupation: ..... Work Place: .....

Spouse's Work Phone Number: .....

#### BANK DEPOSIT DETAILS

Bank: ..... A/C Type: .....

A/C Name: ..... A/C Number: .....

B.S.B Number: ..... Branch No: .....



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## IDENTITY DETAILS

Drivers Licence No: ..... Classes Held: .....

Expiry Date: (..... \ ..... \ .....)

Offences: .....

## TRAINING DETAILS

MARCSTA No: ..... Expiry Date: (..... \ ..... \ .....)

## PREVIOUS EMPLOYMENT

1. Employer: .....  
Address: .....  
From: (..... \ ..... \ .....) To: (..... \ ..... \ .....)  
Date Employed: (..... \ ..... \ .....) Position Held: .....  
Description of Main Duties: .....  
Reason for Leaving: .....  
Superior's Name and Telephone No: (.....) .....

2. Employer: .....  
Address: .....  
From: (..... \ ..... \ .....) To: (..... \ ..... \ .....)  
Date Employed: (..... \ ..... \ .....) Position Held: .....  
Description of Main Duties: .....  
Reason for Leaving: .....  
Superior's Name and Telephone No: (.....) .....

3. Employer: .....  
Address: .....  
From: (..... \ ..... \ .....) To: (..... \ ..... \ .....)  
Date Employed: (..... \ ..... \ .....) Position Held: .....  
Description of Main Duties: .....  
Reason for Leaving: .....  
Superior's Name and Telephone No: (.....) .....

4. Employer: .....  
Address: .....  
From: (..... \ ..... \ .....) To: (..... \ ..... \ .....)  
Date Employed: (..... \ ..... \ .....) Position Held: .....  
Description of Main Duties: .....



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Reason for Leaving: .....  
Superior's Name and Telephone No: (.....) .....

5. Employer: .....  
Address: .....  
From: (..... \ ..... \ ..... ) To: (..... \ ..... \ ..... )  
Date Employed: (..... \ ..... \ ..... ) Position Held: .....  
Description of Main Duties: .....  
Reason for Leaving: .....  
Superior's Name and Telephone No: (.....) .....

### DEPENDANTS

Names	Sex	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### NEXT OF KIN \ EMREGENCY CONTACT

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Relationship: \_\_\_\_\_

### MEDICAL HISTORY

Allergies: \_\_\_\_\_ Disabilities: \_\_\_\_\_

Time Lost Through Illness in the Last 3 Years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have You Lost Any Time Due To Workers Compensation ? If so give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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Do you hold a current First Aid Certificate ? \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Are you prepared to serve the Company ? :  
Anywhere in Australia \_\_\_\_\_ Outside Australia \_\_\_\_\_  
Have you any preferences ? \_\_\_\_\_

Have you ever been employed by	Byrne-cut-RUC Mining Contractors ?	YES \ NO
	Byrne-cut Mining Pty Ltd ?	YES \ NO
	RUC Group ?	YES \ NO
	Thyssen Mining Construction Australia ?	YES \ NO
	Jetcrete Pty Ltd ?	YES \ NO

If Yes, From: (    /    /    ) TO (    /    /    )  
                  (    /    /    ) TO (    /    /    )  
                  (    /    /    ) TO (    /    /    )  
                  (    /    /    ) TO (    /    /    )

Have you any friends or relatives presently employed in the Group ? \_\_\_\_\_  
If Yes, give names, relationship and where employed : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IMPORTANT NOTICE

Section 79 of the Workers' Compensation and Rehabilitation Act 1991 gives the Workers' Compensation Conciliation & Review Directorate discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment, wilfully and falsely represented him/herself as not having previously suffered from the disability, the subject of the claim for compensation

**DECLARATION:** I solemnly declare that each and every answer is true to the best of my knowledge and belief. I understand that any false or misleading information may result in termination of employment. I understand that I may also be required to undergo a hearing test on termination of employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### OFFICE USE ONLY

Interviewer's Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

### APPOINTMENT

Appointed as: \_\_\_\_\_

Starting Rate: \_\_\_\_\_

Start Date: (    \    \    )

### SITE SUPERVISORS TO COMPLETE – OFFICE USE ONLY

Site: \_\_\_\_\_ Classification: \_\_\_\_\_

Start Date: (    \    \    )

Salary/Wages Details: \_\_\_\_\_

### EMPLOYMENT AUTHORISED:

Signed: \_\_\_\_\_

Position: \_\_\_\_\_