

How to Apply

To apply for a position simply complete the McCosker Employment Application and Pre-Employment Medical Declaration forms included in this application package and return them, along with any relevant documentation using one of the methods listed below.

The Application Checklist will help to ensure that you have all necessary documentation together before submitting your application.

If you have any further queries please feel free to contact us on (07) 49700 0100.

Application Checklist

Use this checklist to ensure that you have all of the following documentation before submitting your application. Please be aware that incomplete applications may not be accepted.

- A signed and completed McCosker Employment Application Form.
- A signed and completed McCosker Pre-Employment Medical Declaration.
- Copies of documentation for all trades, qualifications, certificates and licenses held.
- Copies of all inductions currently held.
- A complete and detailed resume (optional).

How to send us your application

Please return your complete application along with all necessary documentation to McCosker via one of the following methods:

E-Mail

Simply save this completed package and email along with electronic copies of any required documentation to;

cbowers@mccoskers.com.au

Post

Post your completed application to the following address;

Human Resources
PO Box 1125
Gladstone, Qld
4680

Fax

Fax your application using the number and headings below;

Attention: Human Resources
Subject: Employment Application
Fax : (07) 4972 2304

In Person

Drop-off your application to the main reception desk at McCosker head office between 7.30am and 5.00pm Mon-Fri;

19 Morgan Street
Gladstone, Qld
4680



McCosker Contracting
19 Morgan Street
PO Box 1125
Gladstone, Qld
4680

Phone: (07) 4970 0100
Fax: (07) 4972 2304

www.mccoskers.com.au



McCOSKER Employment Application Form

To apply for employment at McCosker please fill out and return this application form along with any necessary documentation. All sections of this form must be completed in full or your application will not be accepted.

1.0 Job Application Details

Date of Application:

Position:

Reference No:

Work Location:

Gladstone Weipa Other (Specify):

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PO Box 1125
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2.0 Personal Information

Surname:

Given Names:

Contact Phone:

Mobile Phone:

Email Address:

Currently Employed? Yes No

Date available to commence work:

Own vehicle? Yes No

Street Address:

City/Town:

State:

Post Code:

Postal address is the same as street address

Postal Address:

City/Town:

State:

Post Code:

3.0 Current Inductions

If you currently hold any of the industry or site inductions listed below please check the appropriate box and provide the expiry date of your induction. A copy of all current inductions must be submitted with this application and originals will need to be sighted prior to employment.

BSL Exp Date

QAL Exp Date

Cement Aus Exp Date

NRG Exp Date

RTAY Exp Date

MSIC Exp Date

GPA Exp Date

Other Specify

 Exp Date

Other Specify

 Exp Date

4.0 Qualifications

Please provide information on any trade, qualifications, licences or certificates currently held. A copy of all qualifications must be submitted with this application. Originals will need to be sighted prior to employment.

Please note that McCosker require all applicants to hold a Construction Industry Blue Card prior to employment.

Qualification	Lic. No. / Details	Yrs Held
Drivers License		
Blue Card		
Medipass		
First Aid		
WHSO		
Tools of Trade		
Explosive Power Tools		
Welder		
Scraper		
Front End Loader		
Forklift		
Dozer		
Excavator		
Grader		

Qualification	Lic. No. / Details	Yrs Held
Boilermaker TQ		
Fitter TQ		
Carpenter TQ		
Rigger		
Dogger		
Scaffolder		
Crane (specify details)		
Slewing Crane		
Road Roller		
Skid Steer Loader		
Backhoe		
Other <input type="text"/>		
Other <input type="text"/>		

5.0 Employment History

Please provide information on your employment history with your most recent positions listed first. If you are submitting a detailed resume with this application that includes your employment history and work references please check the box below.

I have attached a detailed resume with this application form. (Do not complete Section 5.0)

1. Name of Employer:

Complete Address:

Position:

Dates of employment:
From: **To:**

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Supervisor: **Contact Phone:**

May we contact your employer: yes no

2. Name of Employer:
Complete Address:
Position:
Dates of employment:
From: **To:**

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Supervisor: **Contact Phone:**

May we contact your employer: yes no

3. Name of Employer:
Complete Address:
Position:
Dates of employment:
From: **To:**

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Supervisor: **Contact Phone:**

May we contact your employer: yes no

4. Name of Employer:
Complete Address:
Position:
Dates of employment:
From: **To:**

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Supervisor: **Contact Phone:**

May we contact your employer: yes no

6.0 Privacy Information

McCosker Contracting is fully committed to meeting the requirements of the Privacy Act 1988 (Cth). The personal information collected on this application form will be used to assess the suitability of the applicant for the position advertised or general application and to negotiate with and make offers of employment to selected applicants. Further, for successful applicants, the information will be used for the supervision, management and payments of employees, to develop and maintain the employment relationship between the employer and the individual. However, for successful applicants, the information supplied in the application form may be passed onto our workcover entities, insurers, bankers and superannuation fund managers and used only for the primary purpose.

It is the policy of McCosker Contracting to retain the personal information of unsuccessful applicants for future recruitment purposes for a period of 6 months. Under the Privacy Act 1988 (Cth), applicants have the right to, and to request correction of their personal information collected in this form. If you wish to exercise these rights, please contact the Human Resources Officer or Payroll Officer.

7.0 Statutory Declaration

I hereby state that the all of the information provided in this application form is true and correct to the best of my knowledge. I understand that failure to disclose information or the provision of misleading information may lead to termination of employment and that if I should cease employment within three months of commencement the cost of any uniforms supplied by McCosker Contracting Pty Ltd may be recouped from my termination salary. I also understand that I will have to undergo a medical examination and drug screening prior to employment and approve for this information to be released to McCosker Contracting Pty Ltd.

Signature:

Date:

(if completing this form electronically please enter your full name)

Pre-Employment Medical Declaration

All persons applying for employment with McCosker are required to undergo a medical examination and drug screening prior to employment.

The intent of this declaration is to assist us in the event of any emergency and to ensure our workplace and staff can cater for any special needs. Any information provided on this form will not prejudice your chances of employment.

All sections of this form must be completed or McCosker will not accept your employment application. Failure to disclose information or the provision of misleading information may lead to termination of employment.



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Phone: (07) 4970 0100
Fax: (07) 4972 2304

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1.0 Personal Details

Given Names:

Surname:

Age:

years

Weight:

kgs

Height:

cm

Gender: Male Female

2.0 Doctors Details

Doctors Name:

Address

Street Address:

City/Town:

State:

Post Code:

Contact Phone:

3.0 Medical History

3.1 Do you have or have you ever had any of the following medical conditions?

YES NO Epilepsy

YES NO Diabetes

YES NO Heart Condition (including Heart Attack, Heart Disease, Palpations/Irregular Heart Beat)

- YES NO Arthritis
- YES NO Amputated Foot, Leg or Hand
- YES NO Loss of Sight (including visual imparment, partial loss or blindness in one or both eyes)
- YES NO Residual disability from polio
- YES NO Cerebral Palsy
- YES NO Parkinsons Disease (do you have a weakness, trembling or speech problems)
- YES NO Cerebral vascular accident (stroke or ruptured blood vessels in the brain)
- YES NO Tuberculosis
- YES NO Silicosis (including chronic cough, emphysema, black lung or other lung problems due to dust inhalation)
- YES NO Hemophilia (do you bleed eaisly and have difficulties stopping bleeding)
- YES NO Chronic Osteomyelitis (long term infections of the skin or sores that will not heal)
- YES NO Hyperinsulinism (excessive insulin in the blood with low blood sugar. Periods of weakness or fainting)
- YES NO Arteriosclerosis (poor circulation, cold extremeties, pain in legs while walking)
- YES NO Ruptured disc (back pain or associated back pain)
- YES NO Hearing impairment (including deafness or partial deafness)
- YES NO High blood pressure
- YES NO Alcohol or drug problems
- YES NO Other, Please Specify:
- YES NO Other, Please Specify:

If you answered Yes to any of the conditions listed above please provide more information indicating the nature of the ailment, injury or illness, date of occurrence, and details of treating doctors.

Condition	<input style="width: 95%; height: 20px;" type="text"/>	Date of Occurance	<input style="width: 95%; height: 20px;" type="text"/>
Details	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
Doctor	<input style="width: 95%; height: 20px;" type="text"/>		

If you need to provide more information than the available space permits, please attach information to this declaration on a new sheet of paper and indicate you have done so by checking th following box: Additional information attached

3.2 Do you have or have you ever had any ailment, illness or injury that would restrict or prevent you from fully carrying out construction duties.

Yes No

If yes provide details

3.3 Please list any medications you are currently taking and the condition they are for. (Eg. Ventolin for Asthma)

Medication	Condition

3.3 Please list any allergies you may have, including allergies to any medication (eg/ Penicillin)

4.0 Emergency Contact Details

Please provide details of a person you would like contacted in the event of an emergency.

Name Relationship

Phone Number

Address

Street Address:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
Post Code:	<input type="text"/>

5.0 Privacy Information

McCosker Contracting is fully committed to meeting the requirements of the Privacy Act 1988 (Cth). The personal information collected on this application form will be used to assess the suitability of the applicant for the position advertised or general application and to negotiate with and make offers of employment to selected applicants. Further, for successful applicants, the information will be used for the supervision, management and payments of employees, to develop and maintain the employment relationship between the employer and the individual. However, for successful applicants, the information supplied in the application form may be passed onto our workcover entities, insurers, bankers and superannuation fund managers and used only for the primary purpose.

It is the policy of McCosker Contracting to retain the personal information of unsuccessful applicants for future recruitment purposes for a period of 6 months. Under the Privacy Act 1988 (Cth), applicants have the right to, and to request correction of their personal information collected in this form. If you wish to exercise these rights, please contact the Human Resources Officer or Payroll Officer. McCosker Contracting will not disclose such health information of applicants to a third party without first obtaining the applicants' consent unless the disclosure is required by law or by statutory authorities.

6.0 Statutory Declaration

- I hereby state that all information contained in this document is true and correct. I understand that failure to disclose information or the provision of misleading information may lead to termination of employment. I hereby acknowledge, accept and authorise McCosker Contracting Pty Ltd to use all the information provided to access my application for employment.

Signed:

Date:

(if completing this form electronically please enter your full name)