

APPLICATION FOR EMPLOYMENT

RTL IS AN EQUAL OPPORTUNITY EMPLOYER



RTL Mining and Earthworks Pty Ltd

A.B.N. 60 152 855 135

P.O. Box 591

Moe VIC 3825

Telephone (03) 51361 000

Facsimile (03) 5133 0496

(APPLICATION VALID FOR TWO MONTHS ONLY FROM SUBMISSION DATE)

USE BLOCK LETTERS AND COMPLETE ALL DETAILS

CONFIDENTIAL

Surname Other Names

Current Address Phone No.

..... Mobile No.

Is this your usual place of residence? Yes No Residence maintained by applicant? Yes No..

Where the answer is NO give address of usual place of residence

In case of Emergency Notify (Name and Address, Phone No.)

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Position Applied for Date of Birth.....

Tickets/Additional Skills Driver's Licence No.

I am/am not a member of the following Scheme(s).

SUPERANNUATION SCHEME..... MEMBERSHIP NO.

LONG SERVICE LEAVE SCHEME MEMBERSHIP NO.

REDUNDANCY SCHEME MEMBERSHIP NO.

I understand it is a condition of my employment that:

- 1) **I will undergo a pre employment medical which includes testing for illicit drugs and alcohol and I will submit to random drug and alcohol testing throughout the course of my employment with RTL. I understand that returning a positive test for either alcohol or illicit drugs may result in immediate dismissal. I will declare to RTL any prescribed medication which has the capacity to affect my performance at work.**
- 2) **I have a responsibility to work safely and observe all safety rules and instructions issued by RTL. Approved protective clothing and safety footwear will be worn at all times.**
- 3) **Where required I will undertake all relevant site inductions that may be required to work at various locations throughout my employment and agree to abide by all onsite specific requirements that may be covered during these inductions.**
- 4) **Overtime and shift work will be worked when required**
- 5) **I am fit to undertake the work applied for and I am unaware of any medical or other condition which might affect my capacity to safely and efficiently undertake this work.**
- 6) **In the event that I am engaged on a seasonal or casual basis I understand that my employment can be terminated at any time in accordance with the conditions outlined in the relevant EBA.**

I declare the information on this application is true and correct and acknowledge that submission of false information may result in dismissal.

Signature Date



DETAILS OF ALL PREVIOUS EMPLOYMENT IN LAST FIVE YEARS				
FROM	TO	EMPLOYER	ADDRESS	WORK PERFORMED
PREVIOUS EMPLOYMENT WITH RTL				
FROM	TO	LOCATION	POSITION	SUPERVISOR
REFERENCES				

OFFICE USE ONLY

ENGAGED AS COMMENCEMENT DATE

LOCATION PAY RATE

PREVIOUS EMPLOYMENT CHECKED BY PAY NUMBER.....

AUTHORISED BY

ADDITIONAL INFORMATION..... AWARD.....

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