

APPLICATION FOR EMPLOYMENT

WC-EMP-001

Williams Cranes & Rigging Pty Ltd complies with the requirements of the Privacy Act 1988 (Cwlth) and other applicable privacy laws and codes of practice. You may choose not to supply the information requested, but if you do not Williams Cranes & Rigging Pty Ltd may be unable to process or accept the application for employment.

PERSONAL DETAILS

Surname:		First Name/s:	
Date of Birth:		Preferred Name:	
Phone – Mobile:		Phone – Home:	
Address:			
Email:			
Position applied for:	Crane Operator / Dogger / Rigger / Heavy Vehicle Driver / Other:		

CITIZENSHIP

Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If NO , please answer the following questions...			
Are you a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Working Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date:	
Current Visa Status	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	Passport/Visa #:	
Type of Visa (e.g. 417/457)			
Country of issue:			
In accordance with the Migration Act 1958 (Cwlth) you must answer this question and produce documentation to confirm your eligibility to work legally in Australia. The employer may contact the Department of Immigration and Citizenship to verify eligibility to work in Australia.			
Are there any restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Details:
Passport / ImmiCard number:			

EQUITY AND DIVERSITY INFORMATION

At Williams Cranes & Rigging Pty Ltd we encourage diversity in our workforce, and we treat all applications for employment on merit only. The following questions are for statistical purposes and will not be used in the assessment of your application. The completion of this section is optional.

Gender	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X
Do you identify yourself as an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as a person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as a person coming from a non-English speaking background?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CERTIFICATES OF COMPETENCY / LICENCES ETC

Please provide details of Certificates of Competency / Trade Qualifications / Driver Licence etc

Certificate / Licence	Number	Classes	Date of Issue	Expiry Date	Years licenced
HIGH RISK WORK LICENCE					
DRIVER LICENCE					
GENERAL SAFETY INDUCTION					
MSIC (Maritime Security Identification Card)					
TRADE QUALIFICATIONS					
Q Leave Number					
USI (Unique Student Identifier) Number					
Super Fund Name					

PREVIOUS EMPLOYMENT DETAILS
Employer 1

Name of your most recent employer:	
Job Title:	
Start date and end date:	
Employment type:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/>
Provide a brief description of your duties:	
Why did you leave/looking to leave this employer:	

Employer 2

Name of your prior employer:	
Job Title:	
Start date and end date:	
Employment type:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/>
Provide a brief description of your duties:	
Why did you leave/looking to leave this employer:	

Employer 3

Name of your prior employer:	
Job Title:	
Start date and end date:	
Employment type:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/>
Provide a brief description of your duties:	
Why did you leave/looking to leave this employer:	

May we contact your previous employers for a reference? Yes No

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ACCIDENT / INCIDENTS / OFFENCES continued..	
2. Have you had any traffic offences in the past 5 years? ** a traffic history record for the past 5 years will be required prior to employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "yes", please provide details:</i>	
3. Have you ever been reported for or charged with or convicted of any offence in connection with or because of the operation, driving or dogging of a crane or item of mobile machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "yes", please provide details:</i>	
4. In the past five (5) years, have you had a claim refused, insurance declined or cancelled, renewal refused, or special conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "yes", please provide details:</i>	
5. In the past five (5) years, have you been convicted of or had any fines or penalties imposed for any driving related drug/alcohol offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "yes", please provide details:</i>	
6. In the past five (5) years, have you had a licence held by you cancelled, disqualified, or suspended, or reduced to a probationary licence or had special conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "yes", please provide details:</i>	
7. Have you ever been charged with or convicted of any criminal offence including convictions, fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud, violence against any person or property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "yes", please provide details:</i>	

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MEDICAL		
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your general state of health?		
Please advise your current weight: We require this information due to manufacturer's weight limitations of seats and access ladders.	kgs	
Are you willing to undergo a medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a recent medical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Have you had any of the following immunisations?		
Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Covid19 vaccination dose 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Covid19 vaccination dose 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Do you have any allergies or any medical conditions of which we should be aware in the event emergency medical treatment is required?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Do you have any physical disability or infirmity in limbs, eyesight, or hearing or ever suffered a fit of any kind?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Have you ever had back problems, or cardiac or circulatory disease?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Do you suffer from sleep apnea or any sleep disorder?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Do you suffer from any condition that can be aggravated by performing duties in any of the positions applied for, including lifting objects or sitting for prolonged periods?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details (including restrictions or limitations):	
Detail any other disabilities / medical conditions / prior injuries / illnesses etc.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	

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Worker statement
COMPETENCY DECLARATION

- I am currently the holder of all licences, certificates and permits required by Statutory and Workplace Health and Safety authorities to enable me to carry out my duties with Williams Cranes & Rigging Pty Ltd. Should anything happen to change my status regarding such licences, certificates and permits, I agree to notify Williams Cranes & Rigging Pty Ltd as soon as is practical after the event, but in any case, before again operating the plant, equipment and / or vehicles.
- I refer to the list below reflecting the various vehicles of Williams Cranes & Rigging Pty Ltd.
- I acknowledge that where indicated as 'yes' I am familiar with those types of cranes and I am competent to rig, operate, drive or direct as dogger those cranes.
- I understand that I am not to rig, operate or drive any crane or vehicle unless I have undertaken specific familiarisation training in the crane or vehicle, and I have been authorised by the company to rig / operate / drive such crane or vehicle..

Crane	Competent to operate crane in crane mode (operate crane)		Competent to operate crane in road travel mode		Operating Experience in Hours Hrs	Competent to rig crane		Competent to direct crane as dogger	
	YES ✓	NO ✗	YES ✓	NO ✗		YES ✓	NO ✗	YES ✓	NO ✗
Maeda MC285 / MC305									
Franna AT-15									
Franna AT-20									
Franna MAC-25									
Franna AT-40									
Kato CR-130Ri									
Kato CR 200Ri / Rf									
Kato CR250RV									
Tadano GT-300EL									
Tadano GT-600EL									
Liebherr LTM 1060									
Liebherr LTM 1090									
Demag AC100									
P & H 440TC - P & H 670TC									
Prime Mover with semi-trailer (HC)									
Light Rigid Truck									
Crane Truck (Vehicle Loading Crane)									

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DECLARATION / AUTHORITY

1. I declare that the information supplied by me in this application is true and correct and that I have in no manner withheld or suppressed any particulars.
2. I hereby acknowledge that as a condition of my employment, I may be required to undergo tests to determine if affected by either alcohol or illegal drugs at any time during my employment with Williams Cranes & Rigging Pty Ltd. I understand that zero '0' tolerance applies.
3. I understand that medical examinations may be required as a part of my employment and I hereby give permission for any Medical Practitioner / Health Provider to provide to Williams Cranes & Rigging Pty Ltd my health information and to liaise with them in this regard.

SIGNATURE _____

PRINT NAME _____ DATE _____

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