

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).

McCosker Contracting
19 Morgan Street
PO Box 1125
Gladstone, Qld
4680
Phone: (07) 4970 0100
Fax: (07) 4972 2304
www.mccoskers.com.au

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;
recruitment@mccoskers.com.au

Post

Post your completed application to the following address;
Human Resources
PO Box 1125 Gladstone, Qld

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 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:

McCosker Contracting
19 Morgan Street
PO Box 1125
Gladstone, Qld
4680
Phone: (07) 4970 0100
Fax: (07) 4972 2304
www.mccoskers.com.au

Work Location:

Gladstone Weipa Other (Specify):

2.0 Personal Information

Surname: <input type="text"/>	Street Address: <input type="text"/>
Given Names: <input type="text"/>	City/Town: <input type="text"/>
Contact Phone: <input type="text"/>	State: <input type="text"/>
Mobile Phone: <input type="text"/>	Post Code: <input type="text"/>
Email Address: <input type="text"/>	<input type="checkbox"/> Postal address is the same as street address.

Currently Employed? Yes No

Postal Address:

Date available to commence work :

City/Town:

State:

Own vehicle? Yes No

Post Code:

3.0 Recruitment Reward

Nominating Employee's Name:

5.0 Qualifications

Please provide information on any trade, qualifications, licenses 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.

Licensing Checklist



McCosker Contracting
19 Morgan Street
PO Box 1125
Gladstone, Qld
4680
Phone: (07) 4970 0100
Fax: (07) 4972 2304
www.mccoskers.com.au

Vehicle Licences:

- | | | | |
|------------------------|--------------------------|----------------------|---------------|
| C – Car | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| CA – Car Automatic | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| R – Motorbike | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LR – Light Rigid | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| MR – Medium Rigid | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| HR – Heavy Rigid | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| HC – Heavy Combination | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| MC – Multi Combination | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |

Load Shifting Licences:

- | | | | |
|--------------------------|--------------------------|----------------------|---------------|
| LR – Roller | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LP – Scrapper | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| CB – Bridge/Gantry Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LL – Front End Loader | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LB – Backhoe | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LE – Excavator | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LZ – Dozer | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LG – Grader | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LS – Skid Steer | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| LF – Forklift | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |

High Risk Work Licences:

- | | | | |
|-------------------------------|--------------------------|----------------------|---------------|
| DG – Dogger | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| RB – Basic Rigging | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| RI – Intermediate Rigging | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| RA – Advanced Rigging | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| SB – Basic Scaffolding | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| SI – Intermediate Scaffolding | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| SA – Advanced Scaffolding | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| CN – Non-Slewing Mobile Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| C2 – 20T Slewing Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| C6 – 60T Slewing Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| C1 – 100T Slewing Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| C0 – Open Slewing Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| PB – Concrete Placing Boom | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| CV – Vehicle Loading Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| CD – Derrick Crane | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| EWP – Elevated Work Platform | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |
| Other: _____ | <input type="checkbox"/> | Date Obtained: _____ | Expiry: _____ |

6.0 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:**

2. Name of Employer:

Complete Address:

Position:

Dates of employment:

From: **To:**

3. Name of Employer:

Complete Address:

Position:

Dates of employment:

From: **To:**

4. Name of Employer:

Complete Address:

Position:

Dates of employment:

From: **To:**



McCosker Contracting
19 Morgan Street
PO Box 1125
Gladstone, Qld
4680
Phone: (07) 4970 0100
Fax: (07) 4972 2304
www.mccoskers.com.au

7.0 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.

8.0 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.



McCosker Contracting
19 Morgan Street
PO Box 1125
Gladstone, Qld
4680
Phone: (07) 4970 0100
Fax: (07) 4972 2304
www.mccoskers.com.au

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?



McCosker Contracting
 19 Morgan Street
 PO Box 1125
 Gladstone, Qld
 4680
 Phone: (07) 4970 0100
 Fax: (07) 4972 2304
 www.mccoskers.com.au

- Yes No Epilepsy
- Yes No Diabetes
- Yes No Heart Condition (including Heart Attack, Heart Disease, Palpations/Irregular
- Yes No Arthritis
- Yes No Amputated Foot, Leg or Hand
- Yes No Loss of Sight (including visual impairment, partial loss or blindness in one or both eyes)
- Yes No Residual disability from polio
- Yes No Cerebral Palsy
- Yes No Parkinson's 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 Chronic Osteomyelitis (long term infections of the skin or sores that will not heal)
- Yes No Hemophilia (do you bleed easily and have difficulties stopping bleeding)
- Yes No Silicosis (including chronic cough, emphysema, black lung or other lung problems due to dust inhalation)
- Yes No Hyperinsulinism (excessive insulin in the blood with low blood sugar. Periods of weakness or fainting)
- Yes No Arteriosclerosis (poor circulation, cold extremities, 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 type="text"/>	Date of Occurrence	<input type="text"/>
Details	<input type="text"/>		
Doctor	<input 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 the 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. (E.g.. 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:

City/Town:

State:

Post Code:

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.

Signature: _____ Date: _____

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