



**Macquarie Drilling Pty. Ltd**

ACN. 117 354 766  
 66 – 68 Christie Street  
 St Marys NSW 2760  
 Phone: 1300 672 557  
 Fax: 1300 672 995

**Employment Application**

APPLICANT INFORMATION			
Last Name		First	
Street Address		Apartment/Unit #	
City		State	PC
Phone		Mobile	
Date Available To start?			Date of Birth
Position Applied for			
Are you a citizen of Australia?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If no, are you authorised to work in Australia?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If yes, explain	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

INDUSTRY QUALIFICATIONS AND EXPERIENCE			
Driver's Licence	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Licence No. <span style="float: right;">Class</span>
First Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Cert. No. <span style="float: right;">Expiry</span>
Fork Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Licence No. <span style="float: right;">Expiry</span>
OH&S Induction Training for Construction Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Cert. No.
Open Cut/Surface Induction (SGS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiry
Coring & Sizing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where <span style="float: right;">When</span>
Hammer Drilling	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where <span style="float: right;">When</span>
Mud Drilling	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where <span style="float: right;">When</span>
Reverse Circulation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where <span style="float: right;">When</span>
Diamond Drilling	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where <span style="float: right;">When</span>
Any other Tickets, Qualifications, Skills or Experience?			

MEDICAL HISTORY	
Is there any medical history we should be aware of?	YES <input type="checkbox"/> NO <input type="checkbox"/> * If yes please list below

ARE YOU RECEIVING OR HEVE YOU EVERY RECEIVED WORKERS COMPENSATION		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	* If yes please list below
Employer	Injury	Duration of Injury

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**Upon Completion, Please sign and return to:**  
**Macquarie Drilling Pty. Ltd**  
**66 – 68 Christie Street**  
**St Marys NSW 2760**  
**Fax: 1300 672 995**