



# RUTHERFORD ELECTRICAL ENGINEERING SERVICES PTY LTD



31 Kyle Street  
RUTHERFORD NSW 2320

ACN 003 750 767  
ABN 65 003 750 767  
office@rutherford.com.au  
www.rutherford.com.au

Telephone +61 - 2 - 49327344  
Facsimile +61 - 2 - 49325219

HEAD OFFICE

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARRIED, DEFACTO, SINGLE, DIVORCED, WIDOWED: \_\_\_\_\_

### EMERGENCY NOTIFICATION (Name of nearest Relative)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

### EDUCATION

LAST SCHOOL ATTENDED: \_\_\_\_\_

STANDARD REACHED: \_\_\_\_\_

High Voltage Division – HV cable jointing, HV testing, Cable fault location, Protection testing, Cable tracing, HV Maintenance.  
Electronics Division – Electrical test equipment sales, repairs and calibrations.  
Communications Division – Fibre optic, data, telephone cable and telephone system installations and maintenance  
CCTV Division - System Design Installation and Commissioning .System maintenance



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## CERTIFICATES AND/OR LICENCES

Drivers Licence No: \_\_\_\_\_

CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

Trade: \_\_\_\_\_

Were Indentures completed: YES / NO

Where did you complete your apprenticeship? \_\_\_\_\_

Other Certificates or Licences: \_\_\_\_\_

(if not enough space please  
attach separate sheet)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY: List details of your last 4 employers or the employers over the past 5 years

NAME OF COMPANY	FROM		TO		OCCUPATION	REASON FOR LEAVING
	Month	Year	Month	Year		

Do you have any objection to our obtaining information additional to the information contained in your application (or our discussion today)? YES / NO

If YES, give reason.....  
.....

## SYSTEM OF WORK:

Please state if you are prepared to work shift work as and when required. YES / NO

Please state if you are prepared to work overtime as and when required. YES / NO

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## MEDICAL HISTORY

1. Are you prepared to undergo a medical examination? YES / NO
2. Are you prepared to undergo a pre-employment psychological assessment? YES / NO
3. Are you prepared to have a pre-employment and annual blood test? YES / NO
4. Are you currently receiving any medical attention from a doctor, hospital or anyone else? YES / NO  
If YES, please give details.....
5. Have you ever claimed Worker's Compensation? YES / NO  
If YES, please give details: .....
6. Are you in receipt of any pension? YES / NO
7. Have you ever received any pension? YES / NO

## HAVE YOU EVER BEEN TREATED FOR ANY OF THE FOLLOWING CONDITIONS?

- |                                  |          |                                  |          |
|----------------------------------|----------|----------------------------------|----------|
| A. Eye Trouble                   | YES / NO | K. Nerves, Breakdowns etc        | YES / NO |
| B. Asthma                        | YES / NO | L. Swollen Joints, Arthritis etc | YES / NO |
| C. Deafness of any degree        | YES / NO | M. Injury to any part of body    | YES / NO |
| D. Skin Trouble                  | YES / NO | If YES, please give details:     | YES / NO |
| E. Duodenal Ulcer                | YES / NO | .....                            | YES / NO |
| F. Any Lung Disorder             | YES / NO | .....                            | YES / NO |
| G. Heart Trouble                 | YES / NO | .....                            | YES / NO |
| H. Any Hernia (Rupture)          | YES / NO | N. Back trouble or disorder      | YES / NO |
| I. Fainting, Blackout, Dizziness | YES / NO | O. Surgical Operations           | YES / NO |

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J. Epilepsy

YES / NO

P. Sugar Diseases (Diabetes etc)

YES / NO

## COMPANY RULES AND REGULATIONS

The Company has certain rules and regulations relating to discipline which are subject to change from time to time. Employees will be subject to disciplinary action, which may mean discharge in proper cases, for any of the following:

1. Stealing.
2. Wilful destruction of property.
3. While on Company property or in Company time, fighting or attempting bodily injury to another employee, the use of language of threatening or abusive nature or profane language in a manner which might reasonably be expected to provoke a disturbance.
4. Disorderly or immoral conduct on Company property or in Company time.
5. Punching another employee's clock card, falsify any time sheet or intentionally giving false information to anyone whose duty it is to make such records, intentionally making false statements to the Company with intent to deceive as to the violation of any shop rule by a fellow employee.
6. Coming to work under the influence of alcohol or any drug, or bringing alcoholic beverages or drugs onto Company property or consuming alcohol or drugs during Company time.
7. Failing to carry out any reasonable order by a Management Representative, including refusal to work on jobs assigned by a Foreman.
8. Inattention to duties, deliberate idling on the job, idling or reading papers in the washroom or elsewhere during work hours.
9. Repeated negligence resulting in excessive scrap or inferior work, or in breakage of tools, or wasting materials or supplies.
10. Leaving employee's regular working place or leaving the department or plant during work hours, including meal breaks, without authorisation from the Foreman.

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## **DECLARATION BY APPLICANT**

I agree to abide by the Company regulations imposed from time to time and imposed on site by Clients of the Company. I declare that the preceding information is, to the best of my knowledge, true and correct. I give permission for a Company Medical Officer to obtain any medical information and for the assessment of this medical examination to be given to an officer of the Company as required. I understand that if I give a false answer to any of these questions I will, if accepted for employment, be liable to dismissal without notice.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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