



**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**01 PERSONAL DETAILS**

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(PO Box not acceptable)

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

email \_\_\_\_\_ Mobile No: \_\_\_\_\_

Please indicate your legal work status:

- Australian Citizen                      New Zealand Citizen                      Australian/New Zealand Resident
- Current Working Visa                      Other Visa
- Permit Expiry (if applicable):

**02 ANY PREVIOUS EMPLOYMENT WITH S.D.F ELECTRICAL?**

Yes                      No

If Yes, Supervisors name \_\_\_\_\_ Project: \_\_\_\_\_  
 \_\_\_\_\_ Project: \_\_\_\_\_  
 \_\_\_\_\_ Project: \_\_\_\_\_  
 \_\_\_\_\_ Project: \_\_\_\_\_

**03 PLEASE DETAIL YOUR EMPLOYMENT HISTORY FOR THE PAST FIVE (5) YEARS:**

COMPANY NAME	FROM	TO	CONTACT	REASON FOR LEAVING

Do not leave any blank spaces & answer all questions



**APPLICANT EXPERIENCE SUMMARY**

04. **Have you previously been employed as?**

- |                                      |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|
| (a) Leading Hand                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Foreman                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Supervisor                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Project Manager                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Engineer (Electrical/Mechanical) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Self Employed                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

05. **How many years have you been working**

06. **Spread your working years (item 05), as a percentage over the following:**

- |   |                         |
|---|-------------------------|
| (a) Maintenance                                     | -----                   |
| (b) Domestic Installations                          | -----                   |
| (c) Commercial Installations                        | -----                   |
| (d) Industrial/mining Installations                 | -----                   |
| (e) Major Infrastructure (water, tunnels, rail etc. | -----                   |
| (f) Hazardous Area Installations                    | -----                   |
| <b>Total</b>  | <b>----- 100% -----</b> |

07. **Indicate if you have experience in the following:**

- |  |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Cable Tray or Ladder                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Steel Conduit                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| PVC Conduit (in Decks and/or columns)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Large Cables                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| HV Cables                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | HV Terminations                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Computer skills, MS Office, email etc. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Understanding Architectural & Layout drawings      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Data/Security Cabling                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Data/Security Termination & Testing                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Switchboard Wiring                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Switchboard Busbar                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| PLC Programming                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Fault Finding                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Construction Wiring (AS/NZS 3012)      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Installation Testing (AS/NZS 3000 Mandatory Tests) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Quality Assurance/Inspections Other    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Commissioning                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Do you have a tool kit appropriate to the above selected activities?** Yes  No

Do not leave any blank spaces & answer all questions



**08. Do you have post trade-level experience with the following?**

	No	Yes		No	Yes
a) Ladders	<input type="checkbox"/>	<input type="checkbox"/>	b) Circular Saw	<input type="checkbox"/>	<input type="checkbox"/>
c) Jig Saw	<input type="checkbox"/>	<input type="checkbox"/>	d) Electric Drill	<input type="checkbox"/>	<input type="checkbox"/>
e) Electric Winch	<input type="checkbox"/>	<input type="checkbox"/>	f) Motorized Winch	<input type="checkbox"/>	<input type="checkbox"/>
g) Ramset Explosive Tool	<input type="checkbox"/>	<input type="checkbox"/>	h) Ramset Gas Tool	<input type="checkbox"/>	<input type="checkbox"/>
i) Angle Grinder	<input type="checkbox"/>	<input type="checkbox"/>	j) Abrasive Drop Saw	<input type="checkbox"/>	<input type="checkbox"/>
k) Propane Gas Heating	<input type="checkbox"/>	<input type="checkbox"/>	l) Oxy Acetylene Cutting	<input type="checkbox"/>	<input type="checkbox"/>
m) Electric Arc Welding	<input type="checkbox"/>	<input type="checkbox"/>	n) Wall Chasing Machine	<input type="checkbox"/>	<input type="checkbox"/>
o) Hydraulic Crimper	<input type="checkbox"/>	<input type="checkbox"/>	p) Hydraulic Cutter	<input type="checkbox"/>	<input type="checkbox"/>
q) Vibrating Plate	<input type="checkbox"/>	<input type="checkbox"/>	r) Wacker Packer	<input type="checkbox"/>	<input type="checkbox"/>
s) Elevated Work Platform	<input type="checkbox"/>	<input type="checkbox"/>	t) EWP 11 Metres Plus	<input type="checkbox"/>	<input type="checkbox"/>

**YOUR PREFERENCES**

At **S.D.F Electrical**, we make every effort to put the right people in the right job. As we cover a variety of industries and types of work, we ask you to tell us what are **your preferred industries** and what **you like to do**. We ask you to be honest in the answers below; your application *will not be in jeopardy* by doing so. If, by establishing how we can provide job satisfaction for you, **S.D.F Electrical** will benefit, as will you.

**09. What Industries do you prefer to work in?**

In the space provided below, rate your preferences against the following industries; **1** being your most preferred, and **6** being your least preferred:

	Rating 1-6
a) Domestic Installations	-----
b) Mining	-----
c) Commercial Installations	-----
d) Industrial Installations	-----
e) Maintenance	-----
f) Hazardous Area Installations	-----



**10. What work tasks do you prefer to do?**

In the space provided below, rate the **TOP 10** work tasks that you like to do; **1** being your most preferred, and **10** being your least preferred:

Cable Tray or Ladder	.....	Steel Conduit	.....
PVC Conduit (in Decks and/or columns)	.....	Large Cables	.....
HV Cables	.....	HV Terminations	.....
MIMS Cables	.....	Understanding Architectural & Layout drawings	.....
Data/Security Cabling	.....	Data/Security Termination & Testing	.....
Switchboard Wiring	.....	Switchboard Busbar	.....
PLC Programming	.....	Fault Finding	.....
Construction Wiring (AS/NZS 3012)	.....	Installation Testing (AS/NZS 3000 Mandatory Tests)	.....
Quality Assurance/Inspections	.....	Commissioning	.....
Other	.....		.....

**11. You may be required to lift weights, work in confined spaces, and climb stairs.**

Do you have any condition or past injury which could be exacerbated by your employment or affect your ability to undertake these activities?

Include comments as required:

.....

.....

.....

.....

**12. INFORMATION ABOUT S.D.F ELECTRICAL**

**S.D.F Electrical** use **QR Codes** extensively to make Procedures and e-learning tools readily available to all employees. **QR Code** readers are available free from the App Store for most 'smart-devices'. Scan the **QR Code** below to access more information about working at **S.D.F Electrical** prior to submitting this application.



Scan the **QR Code** opposite with your 'smart-phone or tablet' to view the current **SDF Company Policy for Employees**

SDF Company Policy for Employees



I hereby declare that the above information set out in Sections 1 through 11 above is true and correct in every Particular:

APPLICANT SIGNATURE ..... DATE: .....

*Email the completed **Employee Application Form**, and a copy your **CV** to [sdf@sdf.net.au](mailto:sdf@sdf.net.au)*

**PLEASE NOTE:** By submitting the above Employee Application Form, **S.D.F Electrical** does not guarantee employment, nor does it guarantee that you will be interviewed for possible employment.  
A representative from **S.D.F Electrical** will contact you to arrange an interview when/if appropriate.

**FOR OFFICE USE ONLY**

INTERVIEWED BY: (print) ..... DATE: .....

INTERVIEWERS SIGNATURE .....