



All personnel shall complete this form regardless of whether they have been employed previously or what their employment status is.

1. Complete all sections. No completed form, no work
2. Attach copies of all supporting documentation where relevant
3. The company reserves the right to check details you provide on this form to assess suitability for employment
4. Details on this form are confidential and shall be recorded in accordance with the Privacy Act.

### PERSONAL INFORMATION

Position Applied for						Date	
Preferred Location	<input type="checkbox"/> South West <input type="checkbox"/> MidWest <input type="checkbox"/> Pilbara <input type="checkbox"/> Ravensthorpe <input type="checkbox"/> Other:						
Salutation	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other						
First Name/s				Surname			
Preferred Name				DOB	/	/	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mobile				Email			
Address							
Suburb						P/Code	
Postal Address	Same as above <input type="checkbox"/>						
Suburb						P/Code	
Employer							
Contact Name						Phone	
Employment Status (tick one)	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Contractor						
Have you been employed previously by this company?	Yes <input type="checkbox"/> No <input type="checkbox"/>					Last date employed	/ /
Citizenship	<input type="checkbox"/> Australian <input type="checkbox"/> Aboriginal/Torres Strait Is <input type="checkbox"/> Other						
Are you legally entitled to work in Australia without a Visa?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
If you are NOT an Australian resident, you must show that you possess an immigration visa that allows you to work in Australia. The following information can be obtained from your visa details.							
Passport Number				Country of Issue			Expiry Date
Visa Type	<input type="checkbox"/> 457 <input type="checkbox"/> Other			Visa Number			
Visa Issue Date				Visa Expiry Date			
<b>Emergency Contact / Next of Kin (NOK)</b>							
This person must be a next of kin who can be contacted in case of an emergency. They cannot be an employer, must live in Australia, the address must be a street address.							
Name						Relationship	
Phone						DOB	
Address						P/Code	
Phone	(H)		(W)		(M)		

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**Skills and Qualifications****High Risk Work  
Licence**(Please attach a  
coloured copy of your  
HRW Licence)

Licence # ..... State of Origin ..... Expiry Date     /     /

Note Code next to applicable licence

- ☐
- Forklift
- 
- ☐
- Dogging
- 
- ☐
- Rigging
- 
- ☐
- Hoists

- ☐
- Crane
- 
- ☐
- EWP
- 
- ☐
- Scaffolding
- 
- ☐
- Other

**DG Security Card**☐ No ☐ Yes

DGS .....

Expiry Date:

/ /

**Drivers Lic #**

Country of Origin

**Type**☐ C ☐ LR ☐ MR ☐ HR ☐ HC ☐ MC ☐ Other

Expiry Date

/ /

**First Aid  
Qualifications**☐ CPR only ☐ Applied First Aid ☐ NIL ☐ Industrial ☐ Other (details)**TRADE QUALIFICATIONS - Do you have a trade or other qualification? Attach copies**

Trade/Qualification	Additional Details (Include state/country of origin)	Year completed	Cert Number

**OTHER QUALIFICATIONS / CERTIFICATES - Do you have other qualifications or Certificates? Attach copies**

Qualification / Certificate	Additional details	Year completed	Cert Number

**ADDITIONAL INFORMATION**

Please provide details and/or attach additional information which may strengthen your application:

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**POSITION SOUGHT** – List all competencies noting experience in position

<input checked="" type="checkbox"/>	POSITION	EXPERIENCE (Yrs/Mths)	<input checked="" type="checkbox"/>	POSITION	EXPERIENCE (Yrs/Mths)
<input type="checkbox"/>	ADMINISTRATION STAFF		<input type="checkbox"/>	GARDENER LANDSCAPER	
<input type="checkbox"/>	APPRENTICE - AUTO MECHANICAL		<input type="checkbox"/>	GRADER Cat 12H	
<input type="checkbox"/>	APPRENTICE - AUTO-ELECTRICAL		<input type="checkbox"/>	GRADER Cat 12M	
<input type="checkbox"/>	APPRENTICE - ELECTRICAL		<input type="checkbox"/>	GRADER Cat 14G	
<input type="checkbox"/>	APPRENTICE - METAL TRADES		<input type="checkbox"/>	GRADER Cat 16H	
<input type="checkbox"/>	AUTO ELECTRICIAN		<input type="checkbox"/>	GRADER Cat 16M	
<input type="checkbox"/>	AUTO MECHANIC		<input type="checkbox"/>	GRADER Cat 24H/M	
<input type="checkbox"/>	BACKHOE LOADER		<input type="checkbox"/>	HEALTH & SAFETY ADVISOR	
<input type="checkbox"/>	BOILERMAKER		<input type="checkbox"/>	HUMAN RESOURCES	
<input type="checkbox"/>	COMPLIANCE/MANAGEMENT SYSTEMS		<input type="checkbox"/>	LABORER	
<input type="checkbox"/>	DOZER Cat - D10R		<input type="checkbox"/>	MECHANICAL FITTER - HV	
<input type="checkbox"/>	DOZER Cat - D10T		<input type="checkbox"/>	MECHANICAL FITTER - LV	
<input type="checkbox"/>	DOZER Cat - D11R		<input type="checkbox"/>	PROJECT/CONSTRUCTION MANAGER	
<input type="checkbox"/>	DOZER Cat - D11T		<input type="checkbox"/>	ROLLER	
<input type="checkbox"/>	DOZER Cat - D6N - D8T		<input type="checkbox"/>	SCRAPER Cat - 633D	
<input type="checkbox"/>	DOZER Cat - D7R		<input type="checkbox"/>	SCRAPER Cat - 637G	
<input type="checkbox"/>	DOZER Cat - D9T		<input type="checkbox"/>	SCRAPER Cat - 639D	
<input type="checkbox"/>	DUMP TRUCK CAT 740		<input type="checkbox"/>	SCRAPER Cat - 651E	
<input type="checkbox"/>	DUMP TRUCK CAT 777D		<input type="checkbox"/>	SCRAPER Cat - 657E/G	
<input type="checkbox"/>	DUMP TRUCK CAT 785B		<input type="checkbox"/>	SERVICE PERSON	
<input type="checkbox"/>	DUMP TRUCK CAT 793C		<input type="checkbox"/>	SITE ADMINISTRATION	
<input type="checkbox"/>	DUMP TRUCK Hitachi 777F		<input type="checkbox"/>	SKID STEER LOADER	
<input type="checkbox"/>	DUMP TRUCK Hitachi 785C		<input type="checkbox"/>	STORE PERSON - WAREHOUSE	
<input type="checkbox"/>	DUMP TRUCK Hitachi AH500		<input type="checkbox"/>	SUPERVISOR - EARTHWORKS/OPERATION	
<input type="checkbox"/>	ELECTRICIAN		<input type="checkbox"/>	SUPERVISOR - MAINTENANCE	
<input type="checkbox"/>	ELECTRICIAN - REFRIGERATION/AIR-COND		<input type="checkbox"/>	SUPERVISOR - NON-FIELD	
<input type="checkbox"/>	ELECTRICIAN - HIGH VOLTAGE		<input type="checkbox"/>	SUPERVISOR - PRODUCTION	
<input type="checkbox"/>	ELECTRICIAN - LEADING HAND		<input type="checkbox"/>	SURVEYOR	
<input type="checkbox"/>	ENGINEERS - DRILL & BLAST		<input type="checkbox"/>	TRADE ASSISTANT	
<input type="checkbox"/>	ENGINEERS - MECHANICAL		<input type="checkbox"/>	TRAINER/ASSESSOR	
<input type="checkbox"/>	ENGINEERS - PLANNER		<input type="checkbox"/>	TRUCK DRIVER - HR/HC	
<input type="checkbox"/>	ENVIRONMENTAL PERSONNEL		<input type="checkbox"/>	TRUCK DRIVER - MC/TRIPLES	
<input type="checkbox"/>	EXCAVATOR Cat 330		<input type="checkbox"/>	WATER CART	
<input type="checkbox"/>	EXCAVATOR Cat 390		<input type="checkbox"/>	WELDER (FIRST CLASS)	
<input type="checkbox"/>	EXCAVATOR Hitachi EX2500		<input type="checkbox"/>	WELDER (SECOND CLASS)	
<input type="checkbox"/>	EXCAVATOR Hitachi EX3500		<input type="checkbox"/>	WELDER (Structural / Coded)	
<input type="checkbox"/>	EXCAVATOR Komatsu PC1250				
<input type="checkbox"/>	EXCAVATOR Liebherr 994			<b>OTHER – List any position not included</b>	
<input type="checkbox"/>	EXCAVATOR Liebherr 995		<input type="checkbox"/>		
<input type="checkbox"/>	FRONT END LOADER Cat 922D		<input type="checkbox"/>		
<input type="checkbox"/>	FRONT END LOADER Cat 966G		<input type="checkbox"/>		
<input type="checkbox"/>	FRONT END LOADER Cat 980G		<input type="checkbox"/>		
<input type="checkbox"/>	FRONT END LOADER Cat 988BF		<input type="checkbox"/>		
<input type="checkbox"/>	FRONT END LOADER Cat 992G/K		<input type="checkbox"/>		
<input type="checkbox"/>	FRONT END LOADER Cat 994D/F				

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Standard Ref:	IMS001	Issue Date:	11/7/2016	Page No:	3 of 6



## EMPLOYMENT HISTORY

Beginning with your current/most recent employment, please provide details of the **last FIVE years (or last 3 positions)**, including periods of unemployment.

Previous employers may be contacted to confirm these details and to assist in determining suitability for employment.

**May we contact your CURRENT employer?** ☐ YES ☐ NO

<b>1</b>	Company Name	Position Held			
	Supervisor Name	Contact #			
	Employment Dates	FROM:	(MM/YY)	TO:	(MM/YY)
	Key duties / responsibilities				
	Location/Project			Purpose for leaving	
<b>2</b>	Company Name	Position Held			
	Supervisor Name	Contact #			
	Employment Dates	FROM:	(MM/YY)	TO:	(MM/YY)
	Key duties / responsibilities				
	Location/Project			Purpose for leaving	
<b>3</b>	Company Name	Position Held			
	Supervisor Name	Contact #			
	Employment Dates	FROM:	(MM/YY)	TO:	(MM/YY)
	Key duties / responsibilities				
	Location/Project			Purpose for leaving	

Where insufficient space, please provide additional employment details to cover five years

Company Name	Position held	Supervisor Name	Telephone No.	Employment Dates (MM/YY)	Location / Project

**Attach Resume**

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Standard Ref:	IMS001	Issue Date:	11/7/2016	Page No:	4 of 6

**Medical Details**

The following information is necessary in the event of an accident to ensure the company provides their duty of care to all employees. Please ensure all information is accurate and up to date. Information is held in confidence

Allergies	<input type="checkbox"/> Nil Known <input type="checkbox"/> Medications <input type="checkbox"/> Food <input type="checkbox"/> Other Do you carry an Epipen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Allergy type		Reaction	
Allergy type		Reaction	
Medications Taken <i>List all medications taken (include over the counter)</i>			
Do you currently have or have ever had any of the following?			
<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Spinal / Back problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Neck pain/conditions <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Joint conditions / Pain <input type="checkbox"/> Food Allergies <input type="checkbox"/> Stomach conditions <input type="checkbox"/> Arthritis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other (Provide details)			
Other Conditions	List any other conditions to help medical personnel in an emergency		
Identifying Characteristics <i>Please check off any items relevant to you</i>	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Artificial eyes <input type="checkbox"/> Dentures <input type="checkbox"/> Implants <input type="checkbox"/> Pace-maker <input type="checkbox"/> Heart Monitor <input type="checkbox"/> Other (Please describe)		
Identifying Marks <i>Provide Details</i>	<input type="checkbox"/> Birth Marks <input type="checkbox"/> Scars <input type="checkbox"/> tattoos <input type="checkbox"/> Other..... <input type="checkbox"/> Location.....		
Medical bracelet or tag	Do you wear an identifying bracelet/tag for a current medical condition? Describe what type and if there are any other details and where they are contained		
Working Conditions <i>(Provide details where / if applicable)</i>	Are you unable to or do you have any reason / issue that will prevent you from working in the following situations? <input type="checkbox"/> Dusty / Dirty Conditions <input type="checkbox"/> Working at Heights <input type="checkbox"/> Working in Hot / Humid Climates <input type="checkbox"/> Working in Stopped / Cramped <input type="checkbox"/> Heavy Lifting <input type="checkbox"/> Living in Camp Accommodation (away from home for >7 days)		

**Worker's Compensation**

A previous workers compensation claim is not a barrier to your potential employment, however the following information may be made available to an insurer in connection with any claim for workers compensation and is purely a formality. You must ensure the following information is accurate.

Claims	Have you ever made a worker's compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes please provide details below:		
Description of injury or disability	Date Occurred	Duration	Employer

**Declaration:**

I, ....., do agree to the release of this information to any appropriate treating Medical Professional in the event of an emergency or if it will assist in the diagnosis and treatment of any medical condition I may develop while I am working with the Company.

Signed:

Date:   /   /

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Standard Ref:	IMS001	Issue Date:	11/7/2016	Page No:	5 of 6

**Fitness for Work**

All personnel shall be in a fit state for work to perform the duties for which you are employed to perform.

A disability or injury or condition is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete the following:

Do you have a disability, injury or condition that may affect any aspect of your work performance or that may be aggravated or accelerated by the type of work you are applying for? ☐ Yes ☐ No

If YES please provide details:

Do you agree to be drug or alcohol tested at any time during your employment?? ☐ Yes ☐ No

Do you have any medical condition that will prevent you from performing the work for which you are employed? ☐ Yes ☐ No

Do you agree to not be in possession of, under the influence of, or consume drugs and alcohol whilst at work on the premises? ☐ Yes ☐ No

**Other Legal Requirements of employment**

Many of the Company's project activities occur within mining lease boundaries and operational areas. Therefore, it is imperative that all personnel understand and observe additional rules as defined by the client as part of the contract.

All personnel shall observe and comply to the company rules and requirements. Do you agree to:

Comply with all company and client health, safety and environment rules and procedures? ☐ Yes ☐ No

Wear any client security swipe/ID card to enter and leave site? ☐ Yes ☐ No

Remain in areas as authorised to do so? ☐ Yes ☐ No

Comply with all security requirements for searches of vehicle, baggage, personal affects? ☐ Yes ☐ No

Wear all required Personal Protective Equipment and clothing as instructed? ☐ Yes ☐ No

Comply with all smoking rules? ☐ Yes ☐ No

Not use, carry or be in possession of weapons or firearms? ☐ Yes ☐ No

Not use, carry or be in possession of matches, lighters or other spark emitting devices? ☐ Yes ☐ No

Only operate machinery, vehicles or equipment as instructed by your Supervisor or the Company owner? ☐ Yes ☐ No

Wear and use the appropriate safety harness when working at Heights? ☐ Yes ☐ No

Only carry a mobile phone unless authorised by the client? ☐ Yes ☐ No

Do not take any photos of any aspect of the operation without prior permission? ☐ Yes ☐ No

Agree to be medically fit to undertake shift work (inclusive of night shift)? ☐ Yes ☐ No

**Employee Acknowledgement**

I, ..... (print name in full) acknowledge that the information provided by me in this document is true and correct and that all documentation attached is legitimate.

**Employee Signature** ..... **Date** .....

**WITNESS NAME****SIGNATURE****DATE****OFFICE USE ONLY**

	Name	Signature	Date
Entered By			
Checked By			

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Standard Ref:	IMS001	Issue Date:	11/7/2016	Page No:	6 of 6