

APPLICATION FOR EMPLOYMENT

Please note that in order to be considered for employment by SRS, you must provide the following with this application form:

1. National Police Clearance that is no older than 12 months

Personal Information:

Date of application: _____ Position Applied for: _____

Surname: _____ First name/s: _____

Date of birth: _____ Male: Female:

Have you ever been known by another name? Yes: No: If yes, what is your previous name? _____

Are you of Aboriginal or Torres Island origin? No: Aboriginal: Torres Strait Islander?

Home phone: _____ Mobile: _____ Alternate phone: _____

Home address: _____

Postal address: _____

Email address: _____

Driver's licence no.: _____ Driver's licence class: _____

Expiry date: _____ Driver's licence current: Yes: No:

Are you an Australian Citizen/PR? Yes: No: If no, what is your Nationality? _____

If no, what is your work visa number? _____ Visa expiry date: _____

What is your USI (Unique Student Identifier)? _____

Do you need additional help with language, literacy and numeracy? Yes: No:

Are you able to consistently pass a Drug and Alcohol screen? Yes: No:

Do you have National Police Clearance (no older than 12 months) Yes: No:

***If NO please complete Statutory Declaration attached.**

Are you currently employed? Yes: No: When are you available to start work? _____

Have you worked for SRS previously? Yes: No: Dates: _____

Recommendation from others If yes, from who? _____

How did you hear about vacancies at SRS? Employment agency If yes, which one? _____

Website

Highest level of education completed: High School: Certificate: Tertiary:

Training Completed: Forklift: Enter Confined Space: Date Obtained: _____

Crane: Working at Heights: Senior First Aid:

Dogman: Liner Handler White Card:

Operator:

High Pressure Water Jetting - Level: _____ Trade: _____

Other: _____

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F4-01	Application for Employment	Office Manager	GM	27	17/07/2018	17/07/2019

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Previous Employment Details (Please provide details of your last 3 employers or attach your resume):

1. _____
2. _____
3. _____

Personal Health History (Please tick the box)	Yes	No	Provide further details:
Are you currently being treated by any Doctor for any illness?			
Are you currently taking any medication including inhalers?			
Have you ever failed a drug or alcohol test?			
Have you ever had any trouble wearing any PPE?			
Have you, in the last 2 years, lost time from work due to illness or injury?			
Do you suffer from back, neck or spinal problems?			
Have you been exposed to any toxic substances or environmental hazards?			
Are you prepared to drive a company vehicle with passengers?			
Is there any medical condition that may impact your ability to drive a vehicle?			

Do you or have you ever suffered from any of the following?

	Yes	No		Yes	No		Yes	No
Alcohol/drug related illness			Diabetes			Joint injuries/condition		
Allergies/asthma			Earache or hearing defect			Low/high blood pressure		
Ankle/knee/wrist injuries			Epilepsy/fits			Sleep disorders e.g. sleep apnoea		
Arthritis/rheumatism			Eye trouble			Psychiatric disorder/ depression		
Back pain/injury/sciatica			Head injury/concussion			Repetitive strain injury		
Blackouts/fainting			Headaches/migraine			Shortness of breath		
Blood disorders			Heart disease/angina			Skin condition/disease		

If you answered yes to any of the above, please comment below:

Please give details of any other injury or illness not mentioned above:

Do you have difficulty with any of the following?

	Yes	No		Yes	No
Crouching/bending or kneeling			Walking on uneven ground		
Lifting heavy objects			Standing for extended periods of time		
Confined spaces			Shift-work		
Working above shoulder height			Working in hot/cold environments		
Working at heights			Repetitive movement of hands/arms		
Working in remote locations			Walking upstairs/ladders		
Working in smoke-free environments			Working on a mine site		

If you answered yes to any of the above, please comment below:

Please answer the following questions (tick yes or no):

Are there any conditions that you are NOT prepared to work under?	Yes	No	
If you answered yes, please provide details:			
Do you:	Yes	No	Provide further details:
Engage in regular exercise?			
Smoke or have ever smoked?			If yes, number of cigarettes per day.
Take illicit drugs?			If yes, provide details.
Drink alcohol			If yes, provide avg. number of drinks per week.
Are you aware that many mine sites and camps are smoke free at all times?	Yes	No	
What is your height?			What is your weight?

Please Note:

We may ask you to undertake a Fit for Work Medical with your GP. This will be at your own expense and must be done prior to Specialised Reline Services Pty Ltd offering you work.

If you are offered employment with Specialised Reline Services Pty Ltd, it is **your responsibility** to advise the Operations Manager or your Supervisor of any changes to your health or medical condition that may affect your ability to work safely.

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Worker's Compensation

Please read the following extract from the Worker's Compensation and Rehabilitation Act 1981 (Section 79):

"Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury and arbitrator may in the arbitrator's discretion refuse to award compensation that would otherwise be payable"

Please answer the following questions:

1. Have you ever claimed or are you currently claiming Worker's Compensation? Yes No

If you answered yes, please provide details:

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.....
.....

2. Will this, or has this any effect on your ability to work safely? Yes No

If you answered yes, please provide details:

.....
.....
.....

Declaration

I confirm that the information provided is, to the best of my knowledge, true and accurate.

I understand that the Company reserves the right to verify all information. Any false statements will be sufficient to cause my rejection as an applicant or a dismissal if already employed.

I authorise Specialised Reline Services Pty Ltd to contact the applicable insurance company through which any Worker's Compensation claims have been made and further authorise the insurance company to release any pertinent files or records to the authorised representative.

Unless altered in writing, Specialised Reline Services Pty Ltd.'s standard conditions of employment will apply.

If employment is offered and accepted, I give permission for Specialised Reline Services Pty Ltd. to release any information contained in this form to their client or authorised representative.

If required to do so by Specialised Reline Services Pty Ltd I agree to have a pre-employment medical and/or substances of abuse screen. If employment is offered and accepted I furthermore consent to future substance of abuse screens at any time requested by the Company or its authorised representative.

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Name Signature Date

*Specialised Reline Services Pty Ltd is an Equal Opportunity Employer as per the Equal Opportunity Act of 1984.
All personal information as defined by the Privacy Act 1988 will only be used for the purpose for which it was provided.*

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