



Employment Application

- CSI
- MRL
- PIHA
- PMI

Position Applied For:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
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PERSONAL DETAILS

<input type="checkbox"/> Mr		<input type="checkbox"/> Miss		<input type="checkbox"/> Mrs		<input type="checkbox"/> Ms		<input type="checkbox"/> Male		<input type="checkbox"/> Female		Date of Birth:		/ /	
Surname:				Given Names:											
Address:															
Suburb:						State:			P/code:						
Home No:						E-mail:									
Mobile:						Are you an Australian Permanent Resident?				<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Nationality:				Marital Status:				Dependents:							
DL No:		Classes:		Expiry:		Height:		Weight:							

EMERGENCY CONTACT DETAILS:

Next of Kin:			Relationship:		
Home Phone:		Work Phone:		Mobile:	

EDUCATION/ TRADE CERTIFICATE/ TRAINING DETAILS

Qualification/ Course:	Name of Institution:	Date Completed:

EMPLOYMENT DETAILS (Most recent first)

Have you previously been employed with Mineral Resources or any of it's subsidiaries:				<input type="checkbox"/> Yes <input type="checkbox"/> No		Company:	
Do you have any leave/ holidays booked in the next 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Year:	
What notice period are you required to give your present employer, should you be successful:							
Employer:		Supervisor:					
Address:						Phone:	
Start Date:		Finish Date:	Reason for change:				
Duties::							
Employer:		Supervisor:					
Address:						Phone:	
Start Date:		Finish Date:	Reason for change:				
Duties::							
Employer:		Supervisor:					
Address:						Phone:	
Start Date:		Finish Date:	Reason for change:				
Duties::							



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REFERENCES/ REFEREES:

Name:		Organisation	
Position:		Phone	

TRADE CERTIFICATES/LICENSES HELD: (Please attach copies)

Certificate/ License:	Yes	No	Expiry:	Certificate/ License:	Yes	No	Expiry:
MARCSTA	<input type="checkbox"/>	<input type="checkbox"/>		Mines Health Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	
Senior First Aid	<input type="checkbox"/>	<input type="checkbox"/>		DTEC	<input type="checkbox"/>	<input type="checkbox"/>	
Pilbara Iron HSE	<input type="checkbox"/>	<input type="checkbox"/>		Pilbara Iron Lockholder	<input type="checkbox"/>	<input type="checkbox"/>	
Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>		Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift	<input type="checkbox"/>	<input type="checkbox"/>		Dogging	<input type="checkbox"/>	<input type="checkbox"/>	
Welding	<input type="checkbox"/>	<input type="checkbox"/>		Rigger	<input type="checkbox"/>	<input type="checkbox"/>	
Boilermaker	<input type="checkbox"/>	<input type="checkbox"/>		Fitter	<input type="checkbox"/>	<input type="checkbox"/>	
Carpenter	<input type="checkbox"/>	<input type="checkbox"/>		Electrician	<input type="checkbox"/>	<input type="checkbox"/>	
Plumber/ Gas Fitter	<input type="checkbox"/>	<input type="checkbox"/>		Drainer	<input type="checkbox"/>	<input type="checkbox"/>	
Crane	<input type="checkbox"/>	<input type="checkbox"/>		Front End Loader	<input type="checkbox"/>	<input type="checkbox"/>	
Excavator	<input type="checkbox"/>	<input type="checkbox"/>		Bobcat	<input type="checkbox"/>	<input type="checkbox"/>	
Blue Card	<input type="checkbox"/>	<input type="checkbox"/>		Other:			

Are you able to:

Have you previously:

When/ Where:

Task	Yes	No	Yes	No	Year	Company
Work shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work in remote areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work at heights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work overseas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work in a surface mine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work in a dusty area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work in confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MEDICAL DETAILS:

Have you suffered from:	Yes	No	Have you suffered from:	Yes	No	Details of 'Yes' answers:
Blackouts or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/ respiratory disorder	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	
Eyesight deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Bone disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Back/ neck injury or disorder	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Joint/ muscle injury/ disorder	<input type="checkbox"/>	<input type="checkbox"/>	Cancer or tumours	<input type="checkbox"/>	<input type="checkbox"/>	
Drug or alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	
Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other serious illness/ defect	<input type="checkbox"/>	<input type="checkbox"/>	



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WORKERS COMPENSATION:

Have you ever had a Worker's Compensation claim through any employer?	<input type="checkbox"/> YES (List details below)	<input type="checkbox"/> NO

Applicants are reminded of the provisions of Section 79 of the Workers' Compensation & Rehabilitation Act 1981 (as amended), that if a pre-existing disability is omitted or wilfully and falsely misrepresented, WorkCover may, at its discretion, refuse to award compensation in the event of a claim being made.

DECLARATION:

1. I certify the information set out in this Employment Application is, to the best of my knowledge and belief, true and accurate in every detail.
2. I understand the company reserves the right to verify all information and any false statements will be sufficient cause for my rejection as an applicant, or my dismissal if employed.
3. I understand i will be regarded as a probationary employee for a period of three months.
4. I agree to have a pre-placement medical examination including drug & alcohol screening, the results of which will have a bearing on my application.
5. I understand that the company reserves the right to recover all costs associated with my employment, including medicals, training and final flights from my final pay should i leave the company of my own accord within the first three months of employment (100% - 1st month, 50% - 2nd month, 33% - 3rd month).
6. I agree to further medical examinations including drug & alcohol screening during my employment, if requested to do so.
7. I agree to abide by all camp and site rules and regulations and i am aware that if my accommodation is withdrawn, my employer reserves the right to terminate my contract of employment.
8. No applicant will be appointed unless approved by the group recruitment manager or the designated representative.

Signed: (Applicant)		Date:	
Authorised By: (Recruitment Dept.)		Date:	