

Please read and ensure you understand the following before completing this form.

1. Complete all sections. Incomplete forms cannot be processed.
2. Attach photocopies of supporting documentation such as licences and certificates to this form. Do not attach originals. If you do not have copies with you when completing this form, your registration cannot be processed until you provide your copies.
3. Submitting this form is not an offer of employment and does not guarantee employment on the Project.
4. We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.
5. If you are being considered for work on the Project, the information supplied on this form and our confirmation of your work history, shall be provided to the client and their authorised service provider for the purpose of determining your suitability of employment on the Project and this information will be held on a database. (See further details on Section 23).
6. If you are offered and accept work on the Project, information will be provided to the client and their authorised service provider about your mobilisation, work and demobilisation on the project and may be used in relation to other projects that may arise in the future. (See further details on Section 23).

SECTION 1: PERSONAL INFORMATION

Title: Mr Ms Mrs Miss Dr Prof

Surname: _____ First Name(s): _____

Preferred Name: _____ Date of Birth: _____

Usual Residential Address (number and street): _____

Suburb: _____ State: _____ Post Code: _____

Work Ph: _____ Mobile Ph: _____ Home Ph: _____

Email: _____

Current Occupation: _____ Are you an Australian Resident?: Yes No

If you are not an Australian resident you must show that you possess an immigration visa that allows you to work in Australia

Visa Details: 457 Other

Temporary Business (Long Stay)
Standard Business Sponsorship

State type: _____

Visa Number: _____ Issue Date: _____ Expiry Date:/...../.....

Are you of Aboriginal or Torres Strait Islander descent (optional)? Yes No

SECTION 2: EMERGENCY CONTACT INFORMATION 1 Country:

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer.

The address must be their actual home address. A post office box is not acceptable

Last Name: _____ First Name: _____ Relationship: _____

Address: _____

Suburb: _____ State: _____ Country: _____ Post Code: _____

Work Ph: _____ Mobile Ph: _____ Home Ph: _____

EMERGENCY CONTACT INFORMATION 2 (optional)

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer.

The address must be their actual home address. A post office box is not acceptable

Last Name: _____ First Name: _____ Relationship: _____

Address: _____

Suburb: _____ State: _____ Country: _____ Post Code: _____

Work Ph: _____ Mobile Ph: _____ Home Ph: _____

SECTION 3: CONSTRUCTION/PROJECT EXPERIENCE

Are you currently employed by the company that you are completing this form for? Yes No If YES, for how long? _____

Have you ever worked in the Construction Industry? Yes No If YES, for how long? _____

Are you currently completing an Apprenticeship? Yes No If YES, what year of your Apprenticeship are you in? _____

SECTION 4: POSITION SOUGHT

PLEASE SELECT **ONE** PROJECT POSITION YOU ARE INTERESTED IN **FROM THE LIST BELOW.**

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Administration Staff | <input type="checkbox"/> Crane Operator up to 20t | <input type="checkbox"/> General Hand | <input type="checkbox"/> Plumber | <input type="checkbox"/> Station Hand |
| <input type="checkbox"/> Agitator Truck Driver | <input type="checkbox"/> Crane Operator up to 60t | <input type="checkbox"/> Geologist | <input type="checkbox"/> Poly Pipe Welders | <input type="checkbox"/> Station Manager |
| <input type="checkbox"/> Archaeologist | <input type="checkbox"/> Crawler Operator over 100t | <input type="checkbox"/> Grader Operator | <input type="checkbox"/> Prill Truck Driver (Explosives) | <input type="checkbox"/> Steel Fixer |
| <input type="checkbox"/> Auto Electrician | <input type="checkbox"/> Crusher Operator | <input type="checkbox"/> Hydrogeologist | <input type="checkbox"/> Project / Construction Manager | <input type="checkbox"/> Stockman |
| <input type="checkbox"/> Auto Electrician - Apprentice | <input type="checkbox"/> Data Communications Technician | <input type="checkbox"/> Instrument Fitter | <input type="checkbox"/> Project Coordinator | <input type="checkbox"/> Store Person |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Diver | <input type="checkbox"/> Kitchen Hand | <input type="checkbox"/> Qualified Cook | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Auto Mechanic - Apprentice | <input type="checkbox"/> Dogger (Licenced) | <input type="checkbox"/> Laboratory Assistant | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Belt Worker | <input type="checkbox"/> Dozer Operator | <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Refractory Brick Layer | <input type="checkbox"/> Surveyor |
| <input type="checkbox"/> Boilermaker | <input type="checkbox"/> Drillers Offsider | <input type="checkbox"/> Labourer | <input type="checkbox"/> Refractory Installer | <input type="checkbox"/> Surveyors Assistant - Chainman |
| <input type="checkbox"/> Boilermaker Welder | <input type="checkbox"/> Drilling - Utility Worker | <input type="checkbox"/> Lagger - Insulation | <input type="checkbox"/> Refrigeration Mechanic | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Breakfast &/or other cooks | <input type="checkbox"/> Drilling Machine Operator | <input type="checkbox"/> Management | <input type="checkbox"/> Rigger Advanced (Licenced) | <input type="checkbox"/> Traffic Controller |
| <input type="checkbox"/> Bricklayer | <input type="checkbox"/> Dump Truck Operator (Rigid or Articulated) | <input type="checkbox"/> Marine Engineer | <input type="checkbox"/> Rigger Basic (Licenced) | <input type="checkbox"/> Training Advisor |
| <input type="checkbox"/> Bricklayer - Apprentice | <input type="checkbox"/> Electrical - Apprentice | <input type="checkbox"/> Mechanical / Metal TA | <input type="checkbox"/> Rigger Intermediate (Licenced) | <input type="checkbox"/> Trenching Machine Operator |
| <input type="checkbox"/> Business Analyst | <input type="checkbox"/> Electrical Trades Assistant | <input type="checkbox"/> Mechanical Fitter | <input type="checkbox"/> Roller Operator | <input type="checkbox"/> Truck Driver over 10T (HR or HC Licenced) |
| <input type="checkbox"/> Cable Joiner | <input type="checkbox"/> Electrician | <input type="checkbox"/> Medical Practitioner | <input type="checkbox"/> Safety Advisor | <input type="checkbox"/> Truck Driver up to 10T (LR or MR Licenced) |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Electrician Special Class | <input type="checkbox"/> Metal Trades - Apprentice | <input type="checkbox"/> Safety Manager | <input type="checkbox"/> Tug Boat Captain |
| <input type="checkbox"/> Carpenter - Apprentice | <input type="checkbox"/> Electronics Technician | <input type="checkbox"/> NDT Technician | <input type="checkbox"/> Scaffolder Advanced (Licenced) | <input type="checkbox"/> Tyre Fitter |
| <input type="checkbox"/> Chef/Head Cook | <input type="checkbox"/> Emergency Response Officer | <input type="checkbox"/> Nurse (RN) | <input type="checkbox"/> Scaffolder Basic (Licenced) | <input type="checkbox"/> Village Coordinator |
| <input type="checkbox"/> Cleaner / Peggy | <input type="checkbox"/> Engineer | <input type="checkbox"/> Occupational Health Hygenist | <input type="checkbox"/> Scaffolder Intermediate (Licenced) | <input type="checkbox"/> Water Cart Operator |
| <input type="checkbox"/> Commissioning Technical Staff | <input type="checkbox"/> Environmental Personnel | <input type="checkbox"/> Operator - Crusher/Mill | <input type="checkbox"/> Scraper Operator | <input type="checkbox"/> Welder - Coded |
| <input type="checkbox"/> Concrete Batch Plant Operator | <input type="checkbox"/> Excavator Operator | <input type="checkbox"/> Painter | <input type="checkbox"/> Security Guard | <input type="checkbox"/> CMC Apprentice |
| <input type="checkbox"/> Concrete Worker | <input type="checkbox"/> Field Assistant | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Sheet Metal Worker | <input type="checkbox"/> CMC Staff |
| <input type="checkbox"/> Control Room Operator | <input type="checkbox"/> Front End Loader / Backhoe Operator | <input type="checkbox"/> Pest Eradicator / Controller | <input type="checkbox"/> Shot Firer | <input type="checkbox"/> CMC Trainee |
| <input type="checkbox"/> Crane Operator 220 tonnes and over | <input type="checkbox"/> Front End Loader Operator | <input type="checkbox"/> Pile Driver | <input type="checkbox"/> Skid Steer Loader Operator | <input type="checkbox"/> CPM Staff |
| <input type="checkbox"/> Crane Operator over 100t | <input type="checkbox"/> Gardener | <input type="checkbox"/> Pipe Fitter | <input type="checkbox"/> Soils Technician | |
| <input type="checkbox"/> Crane Operator up to 100t | <input type="checkbox"/> General Fixed Plant Worker | <input type="checkbox"/> Planner | <input type="checkbox"/> Station Coordinator | |

Experience in position selected: years months

SECTION 5: WORKSAFE CERTIFICATE / HIGH RISK WORK LICENCE

Do you have a WorkSafe Certificate/High Risk Work Licence? Yes No Cert/Ref Number: _____ State: _____
 If Yes, select your WorkSafe level of qualification from list below: Issue date:/...../..... Expiry Date:/...../.....

- | | |
|--|--|
| <input type="checkbox"/> DOGGING
<input type="checkbox"/> DG - Dogging

<input type="checkbox"/> RIGGING
<input type="checkbox"/> RB - Basic Rigging
<input type="checkbox"/> RI - Intermediate Rigging
<input type="checkbox"/> RA - Advanced Rigging

<input type="checkbox"/> SCAFFOLDING
<input type="checkbox"/> SB - Basic Scaffolding
<input type="checkbox"/> SI - Intermediate Scaffolding
<input type="checkbox"/> SA - Advanced Scaffolding

<input type="checkbox"/> LOADSHIFTING (Forklift)
<input type="checkbox"/> LF - Forklift Truck Operation
<input type="checkbox"/> LO - Order-picking Forklift Truck

<input type="checkbox"/> CONCRETE PLACING BOOM
<input type="checkbox"/> PB - Concrete Placing Boom Operation

<input type="checkbox"/> HOISTS
<input type="checkbox"/> HM - Material Hoist Operation (Cantilever Platform)
<input type="checkbox"/> HP - Hoist Operation (Personnel & Materials) | <input type="checkbox"/> CRANE
<input type="checkbox"/> CT - Tower Crane Operation
<input type="checkbox"/> CD - Derrick Crane Operation
<input type="checkbox"/> CN - Non-slewing Mobile Crane Operation (greater than 3 Tonne)
<input type="checkbox"/> CV - Vehicle-loading Crane Operation (greater than or equal to 10 Tonne)
<input type="checkbox"/> C2 - Slewing Mobile Crane Operation (up to 20 Tonne)
<input type="checkbox"/> C6 - Slewing Mobile Crane Operation (up to 60 Tonne)
<input type="checkbox"/> C1 - Slewing Mobile Crane Operation (up to 100 Tonne)
<input type="checkbox"/> C0 - Slewing Mobile Crane Operation (open/greater than 100 Tonne)
<input type="checkbox"/> CB - Bridge and Gantry Crane Operation
<input type="checkbox"/> CP - Portal Boom Crane Operation

<input type="checkbox"/> PRESSURE EQUIPMENT (BOILERMAKER)
<input type="checkbox"/> BB - Basic Boiler Operation
<input type="checkbox"/> BI - Intermediate Boiler Operation
<input type="checkbox"/> BA - Advanced Boiler Operation
<input type="checkbox"/> TO - Turbine Operation
<input type="checkbox"/> ES - Reciprocating Steam Engine Operation

<input type="checkbox"/> ELEVATING WORK PLATFORM
<input type="checkbox"/> WP - Boom-type Elevating Work Platform |
|--|--|

SECTION 6: MEDICAL AND FIRST AID QUALIFICATIONS

Medical Practitioners

Are you registered as a Medical Practitioner? Yes No Cert/Ref Number: _____ Expiry Date:/...../..... State: _____

Nursing

Are you a Registered Nurse (RN)? Yes No
 Are you an Enrolled Nurse (EN)? Yes No Cert/Ref Number: _____ Expiry Date:/...../..... State: _____

First Aid

Do you have a First Aid Certificate? Yes No Cert/Ref Number: _____ Expiry Date:/...../..... State: _____

Details:

If Yes, select certificate from list below:

- | | |
|--|--|
| <input type="checkbox"/> Emergency First Aid (Introductory First Aid)
<input type="checkbox"/> Basic Workplace First Aid (WorkSafe Level 1)
<input type="checkbox"/> Senior First Aid
<input type="checkbox"/> Workplace First Aid (WorkSafe Level 2)
<input type="checkbox"/> Remote Area First Aid
<input type="checkbox"/> Occupational First Aid (WorkSafe Level 3) | <input type="checkbox"/> Industrial Health Care - ER / Emergency Response
(Industrial Ambulance Care) - St John Ambulance Only
<input type="checkbox"/> Industrial Health Care - PM / Paramedic
(Industrial Paramedic) - St John Ambulance Only
<input type="checkbox"/> Industrial Health Care - OER / Offshore Emergency Response
<input type="checkbox"/> Industrial Health Care - OP / Offshore Paramedic |
|--|--|

SECTION 7: WELDING QUALIFICATIONS

Do you have a welding qualification? Yes No Cert/Ref Number: _____ (attach copy)

If "YES", please indicate your current and lapsed codings including the process used and the State of Australia in which you gained certification:

<input type="checkbox"/> STICK ELECTRODES (S.M.A.W) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date:/...../.....	State Certified: _____
<input type="checkbox"/> GAS SHIELDED FLUX CORED (F.C.A.W) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date:/...../.....	State Certified: _____
<input type="checkbox"/> SUB ARC WELDING (S.A.W.) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date:/...../.....	State Certified: _____
<input type="checkbox"/> TIG WELDING (G.T.A.W.) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date:/...../.....	State Certified: _____

SECTION 8: WESTERN AUSTRALIAN ELECTRICAL LICENCE

Do you have WA electrical licence? Yes No Cert/Ref Number: _____ Expiry Date:/...../..... State: _____

If Yes, select the relevant classifications below:

A Grade - Licenced Electrician C Grade - Apprentice Electrician
 Restricted Electrical Worker's Licence

Work Area

Office Equipment
 Domestic Equipment
 Plumbing / Gas Fitting Equipment
 Commercial Equipment
 Industrial Equipment
 Refrigeration and Air Conditioning Equipment
 Instrumentation / Process Control Equipment
 Communications / Computing Equipment
 Laboratory / Scientific Equipment

Units of Competence

1. Occupational health and safety procedures
 2. Disconnect and reconnect fixed wiring equipment
 3. Locate and rectify faults in 250V equipment
 4. Locate and rectify faults in 650V equipment
 5. Attach flexible cord and plug to 250V equipment
 6. Attach flexible cord and plug to 650V equipment

SECTION 9: GAS FITTING LICENCE

Do you have a gas fitting license? Yes No Cert/Ref Number: _____ Expiry Date:/...../.....

If Yes, select the relevant class below:

G Class I Class E Class P Class Any restrictions? _____

SECTION 10: MOBILE PLANT OPERATION

Mobile Plant Operation? Yes No Cert/Ref Number: _____ Date Completed:/...../.....

If Yes, select the relevant type below:

Mobile Plant Type

<input type="checkbox"/> Dozer Operator	<input type="checkbox"/> Grader Operator
<input type="checkbox"/> Dump Truck (Rigid or Articulated) Operator	<input type="checkbox"/> Roller Operator
<input type="checkbox"/> Excavator Operator	<input type="checkbox"/> Scraper Operator
<input type="checkbox"/> Front End Loader Operator	<input type="checkbox"/> Skid Steer Loader Operator
<input type="checkbox"/> Front End Loader / Backhoe Operator	<input type="checkbox"/> Water Cart Operator
	<input type="checkbox"/> Other

SECTION 11: OTHER LICENCES / CERTIFICATES / QUALIFICATIONS / TRAINING

Other Trade Qualifications? Yes No Cert/Ref Number: _____ Completed Date:/...../.....

Details: _____

SECTION 12: DRIVERS LICENCE INFORMATION

Drivers Licence Cert/Ref Number: _____ Expiry Date:/...../..... State Issued: _____

Class: National	Description:
<input type="checkbox"/> C	Car
<input type="checkbox"/> LR	Light Rigid
<input type="checkbox"/> MR	Medium Rigid
<input type="checkbox"/> HR	Heavy Rigid
<input type="checkbox"/> HC	Heavy Combination
<input type="checkbox"/> MC	Multi Combination
<input type="checkbox"/> R-N	Moped
<input type="checkbox"/> R-E	Motorcycle (max 250cc)
<input type="checkbox"/> R	Motorcycle

Defensive Driver Training Have you completed a Defensive Driving Course? 2WD 4WD

Cert/Ref Number: _____ Certifying Organisation: _____ Date Completed:/...../.....

SECTION 13: HIGHEST EDUCATION/TRADE QUALIFICATION

Highest Education or trade level achieved: _____ Year Completed: _____

Name of organisation: _____ State: _____

<input type="checkbox"/> High School	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Trade Certification	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Diploma / Certificate	<input type="checkbox"/> PhD

SECTION 14: DANGEROUS GOODS AND EXPLOSIVES

Shotfirers Permit

Do you have a valid WA Shotfirers Permit? Yes No Cert/Ref Number: _____ Expiry Date:/...../.....

Bulk Dangerous Goods Drivers Licence

Do you have a valid Bulk Dangerous Goods Drivers Licence? Yes No Cert/Ref Number: _____ Expiry Date:/...../.....

State: _____

Explosives Drivers Licence

Do you have a valid Explosives Drivers Licence? Yes No Cert/Ref Number: _____ Expiry Date:/...../.....

State: _____

SECTION 15: MARITIME SECURITY IDENTIFICATION CARD

A MSIC card is a mandatory requirement if access to the Wharf is required.

Do you hold a valid Maritime Security Identification Card? (The card must have been received for clearance to apply) Yes No MSIC Card Number: _____ Expiry Date:/...../.....

If No; have you applied for a Maritime Security Identification Card? Yes No MSIC Application Number: _____ Application Date:/...../.....

SECTION 16: MARINE CERTIFICATION

Certificate Number / Reference Number: _____ Expiry Date:/...../.....

<input type="checkbox"/> Diver	<input type="checkbox"/> Mate
<input type="checkbox"/> Master	<input type="checkbox"/> Marine Engineer Class 1
<input type="checkbox"/> Master Class 4	<input type="checkbox"/> Marine Engineer Class 2
<input type="checkbox"/> Chief Mate	

SECTION 17: OHS CONSTRUCTION INDUCTION CARD

Do you have an OHS Construction Induction Card? Yes No Date Issued:/...../..... Certificate Number: _____ State Certified: _____

(Attach copy)

SECTION 18: MINE HEALTH SURVEILLANCE CARD

Do you have a current Mine Health Surveillance Card? Yes No

Certificate / Reference Number: _____

Expires:/...../.....

SECTION 19: EMPLOYMENT HISTORY

Beginning with your current or most recent employment, please provide details of the last 5 years, including any periods of unemployment.

IMPORTANT: We will contact any of your previous employers shown above for the purpose of confirming your employment details and determining your suitability for employment.

May we also contact your **CURRENT** employer? Yes No

1.	Company Name:	Position held:
	Name of Supervisor:	Telephone number/s:
	Employment dates: FROM: (month / year)	TO: (month / year)
	Your main duties and responsibilities?	
	Location/project:	Reasons for leaving:
2.	Company Name:	Position held:
	Name of Supervisor:	Telephone number/s:
	Employment dates: FROM: (month / year)	TO: (month / year)
	Your main duties and responsibilities?	
	Location/project:	Reasons for leaving:
3.	Company Name:	Position held:
	Name of Supervisor:	Telephone number/s:
	Employment dates: FROM: (month / year)	TO: (month / year)
	Your main duties and responsibilities?	
	Location/project:	Reasons for leaving:
4.	Company Name:	Position held:
	Name of Supervisor:	Telephone number/s:
	Employment dates: FROM: (month / year)	TO: (month / year)
	Your main duties and responsibilities?	
	Location/project:	Reasons for leaving:
5.	Company Name:	Position held:
	Name of Supervisor:	Telephone number/s:
	Employment dates: FROM: (month / year)	TO: (month / year)
	Your main duties and responsibilities?	
	Location/project:	Reasons for leaving:
6.	Company Name:	Position held:
	Name of Supervisor:	Telephone number/s:
	Employment dates: FROM: (month / year)	TO: (month / year)
	Your main duties and responsibilities?	
	Location/project:	Reasons for leaving:

SECTION 19 (CONT'D): PREVIOUS EMPLOYMENT HISTORY

(provide further information here if insufficient space above to cover the **last 5 years**)

Company Name	Position Held	Supervisor Name	Telephone No.	Employment Dates (Month/Year)	Location or Project

SECTION 20: HEALTH

A) A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete this section accurately.

The information provided in this section may be made available to an insurer in connection with any claim for workers compensation. A worker may not be eligible for compensation for an injury or disability sustained in the workplace where it is proved that the worker made wilful and false representations as not having previously sustained the injury or disability at the time of seeking or entering employment. Therefore, it is important that your answers are correct.

Have you ever made a claim for Worker's Compensation? Yes No *(If YES, please provide details below)*

Description of Injury or Disability	Date Occurred	Duration	Employer

B) 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:

i) Do you have a disability, injury, illness 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 you answered "YES" to the above, please provide details:

C) Are you currently taking any prescribed medications? Yes No

If you answered "YES" to the above, please provide brief details:

D) Do you have any allergies? Yes No

E) Do you wear contact lenses? Yes No

SECTION 21: FITNESS FOR WORK

It is important that you be medically fit to perform the duties associated with the occupation or positions you are registering or applying for.

Do you agree to undergo a full pre-employment medical assessment (including a drug and alcohol screen) at the Company's expense? Yes No

Part of the Project's Fitness for Work policy includes a Drug and Alcohol Testing Program. Do you agree to participate in this Program? Yes No

Depending on the requirements of the work, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you working at heights? Yes No

Do you agree to not be in possession of, under the influence of, or consume intoxicating liquor or drugs on the Project? Yes No

SECTION 22: OTHER PROJECT REQUIREMENTS

Are you prepared to:

- | | | |
|---|------------------------------|-----------------------------|
| Comply with all Company and Project safety rules and procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wear and use the Project security swipe and identification card to enter and leave the site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wear and use the appropriate safety harness when working at heights? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comply with all security requirements including vehicle, baggage and personal searches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you are a smoker, are you prepared to comply with all Project rules, which restrict smoking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wear and use the correct personal protective equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not carry or use any personal mobile phones at the workplace unless authorised by the Project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not carry or use any form of camera (including mobile phone cameras) on the Project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not use, carry, or be in possession of any weapons or firearms on the Project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Agree to work shift work if required, subject to being medically fit to do so? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comply with the cyclone tie-down procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 23: DECLARATION

Before signing the declaration below, please read the following points and clarify anything that you are unsure of with this Company's Recruitment Staff

- If I am considered suitable for an interview I understand that the information I have provided, and subsequent confirmation of my work history by this Company, shall be provided to the client and their authorised service provider, for the purpose of confirming my suitability for employment opportunities on the Project.
- If I am offered and accept employment on the Project, information will be provided to the client and their authorised service provider about my mobilisation, including that I have satisfactorily met pre-employment checks, such as a Fitness for Work Medical; and information gathered during the project, such as induction and training records and my demobilisation details.
- I understand that if I am offered and accept employment on the Project, the client may provide the information to authorised service providers, engaged to manage matters relating to employment on the Project.
- I understand that the information may also be used and disclosed by the authorised service provider for the purpose of confirming my suitability for employment opportunities in connection with other projects that may arise in the future, and for managing matters in connection with my employment on other future projects.
- Should I be engaged with a contractor on the Project and subsequently be engaged with a new or additional contractor, I authorise the release of the information held about me to be made available to that contract company. I understand that the information will be held on a database and if I wish to, I can contact ERMS Solutions at PO BOX 1010, West Perth WA 6872 to request this information. I can also request to correct, update or delete the information.
- I certify that the information set out in this form to the best of my knowledge, true and accurate.
- I understand the Company reserves the right to verify all information and any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of my agreement or contract.

SIGNATURE

I, _____ have read, understood and agree to the terms above.

 (print name)

Signature _____ Date: dd/mm/yyyy

PLEASE NOTE: NO GUARANTEE OF EMPLOYMENT IS GIVEN BY THE COMPLETION OF THIS FORM

Return this form to: **DTMT CONSTRUCTION**

DTMT CONSTRUCTION