

**APPLICATION FOR EMPLOYMENT**

This application for employment is subject to the terms and conditions of employment set out here in:

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**SURNAME:** \_\_\_\_\_ **CHRISTIAN NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you an Australian Citizen, Resident or Visitor: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

**STATE:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

**Do you hold a current Driver's License?:** Yes/No License No: \_\_\_\_\_

State Held: \_\_\_\_\_ Class of License: \_\_\_\_\_

Do you hold a Mine Workers Health Certificate?: Yes/No Certificate No: \_\_\_\_\_

**POLICE RECORD**

Do you have a police record?: Yes/No For what offence/s?: \_\_\_\_\_

When did offence occur?: \_\_\_\_\_

**OPERATING CERTIFICATES**

List any current certificates you hold, include certificate numbers and expiry date:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**PERMITS**

List current permits you hold ,including permit numbers and expiry dates eg: isolation, hot work, working at heights.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**QUALIFICATIONS**

List under relevant headings together with full name of qualification or level of attainment, place where obtained qualification and year completed qualification:

1. Education:

Secondary \_\_\_\_\_

Tertiary \_\_\_\_\_

2. Trade Qualifications:

\_\_\_\_\_

3. Competency Assessment Certificates:

\_\_\_\_\_

4. Training Certificates: Includes 1st Aid, Emergency Response, Working at Heights, OHS, Accident Investigation, Marcsta, Generic Inductions etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT** (please attach references and /or resumes)  
 List your last three employers (commencing with the last one first).

Name of Employer	Contact Details	Period of Employment From -----To	Work Performed

YEARS IN DRILLING INDUSTRY \_\_\_\_\_

POSITIONS HELD AND PERIOD FROM TO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST DRILLING RIGS (Worked on or operated) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY**

Do you understand under Workcover Legislation your obligation and responsibility as an employee is to report any Injury or illness as requested for employment purposes:

Have you ever had a Workers Compensation Claim?: Yes/No If yes please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any serious accidents, illnesses or operations you have had: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY CONT**

Do you or have you ever suffered from any of the following please give details?:

1. Industrial dermatitis or rash of any kind \_\_\_\_\_
2. Noise induced hearing loss \_\_\_\_\_
3. Neurosis or nervous condition of any kind \_\_\_\_\_
4. Hernia condition of any kind \_\_\_\_\_
5. An injury to arm, hand, finger, legs, feet , toes, speech, hearing, taste or lungs  
\_\_\_\_\_
6. An eye condition that requires you to wear prescription spectacles or contact lenses  
\_\_\_\_\_
7. Back injury or ailment \_\_\_\_\_
8. A medical condition that requires you to be currently taking medication \_\_\_\_\_  
\_\_\_\_\_
9. Any kind of skin ailment \_\_\_\_\_
10. Colour blindness \_\_\_\_\_
11. Allergies or allergic reaction to any chemical or substance \_\_\_\_\_  
\_\_\_\_\_

Please supply any further details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**NOTE**

If your application for employment is successful and before a company induction is carried out. The following must be agreed to:

1. To under go a company pre- employment medical
2. To supply a clear drug screen carried out within the previous 48 hours
3. To present the original copies of licenses, qualifications, certificates, permits, assessments and training records for photocopying in order for copies to be placed in your employment file

**4. Employment conditions:**

If you cease employment within 2 weeks of commencement you will be liable to reimburse the company for costs associated with pre- employment medicals, supply of PPE, travel costs to site.

Observe and carry out safety/security requirements including making myself conversant with the company Safety Operations Systems.

Participate in workplace random drug and alcohol tests.

Wear mandatory PPE at all times as required in any particular workplace location eg: safety boots, safety glasses, safety helmet, safety clothing, safety gloves, hearing protection, respiratory protection.

Perform overtime and shift work when required.

Work in remote sites when required.

I declare that all information provided by me in this application is true to the best of my knowledge, and I accept that false declarations subject me to instant dismissal.

**Signature of Applicant :** \_\_\_\_\_ **Date:** \_\_\_\_\_

