

**Position applied for:**

**Employee Personal Details**

Surname:		Preferred Name:	
Given Name:		Middle Name:	
Date of Birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mobile Number:		Email:	
Address:			
Are you of Aboriginal or Torres Strait Islander descent?	No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both <input type="checkbox"/>		
Australian Citizen:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent Australian Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Working Visa Holder:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Visa Type and Expiry Date:	
Are there any restrictions on your Visa?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Please explain (if yes):			
Driver's Licence Number:		Class of Driver's Licence:	
Licence Expiry Date:		State of Driver's Licence:	
Are you a smoker? <i>(Note, BHP OD is a non-smoking site)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
High Impact Solutions has a ZERO tolerance to illegal drugs and alcohol. Successful candidates will be required to pass a Pre-employment Medical and Drug and Alcohol screening. Random Drug and Alcohol screening will also be conducted throughout employment.			
Are you willing to comply with this requirement? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you previously worked at Olympic Dam?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, when and what was your position??		If yes, what was your site access number?	
Have you previously worked at Nyrstar?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, when and what was your position??		If yes, what was your site access number?	
Have you ever been denied access or removed from BHP Olympic Dam or a Nyrstar site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:			
Do you hold a current White Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	White Card Number (if applicable):	
Do you have a USI (Unique Student Identifier) Number?	Yes <input type="checkbox"/> No <input type="checkbox"/>	USI Number: (if applicable):	

**Emergency Contact Details**

Name:		Mobile Number:	
Address of Emergency Contact:			
Relationship to Emergency Contact:			

**Current Qualifications**

Title of Qualification	Institution / Training Provider	Year Completed

**Licences and Qualifications**
**Attained**
**Licence No. / Other Details**
**Copy of Certification Received  
(Office Use Only)**

Australian Drivers Licence / Class	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Forklift Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Boom and Scissor Lift	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
White Card	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Senior First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Working at Heights	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Confined Spaces	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Encapsulated Suit	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Breathing Apparatus (BA)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Elevated Work Platform (EWP)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Rigging and/or Dogging	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
VOC – Aqua Cutter	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
VOC – Skid Steer	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
VOC - Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

 Are you currently undertaking any study and/or training? Yes  No 

If yes, Course/Program Name: \_\_\_\_\_

Name of Institution/Training Provider: \_\_\_\_\_

 Full-time  Part-time  Online/Distance  Other

Previous Employment (Most recent first)				
Employer Name	Dates From/To	Position Held	Reason for Leaving	Office Use Only Check/Initial/Date

Referees			
Do you agree to have referees contacted in relation to this application? Yes <input type="checkbox"/> No <input type="checkbox"/> (Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential). Please provide details of three people who can speak on your behalf regarding your work history.			
Name	Contact number	Position Held / Working Relationship (e.g. Supervisor)	Office Use Only Check/Initial/Date

When will you be available to start work?

Have you previously had any workers compensation claims? Yes  No

If yes, please provide details of the injury/disability or medical condition as per the worker's compensation claim, and any current restrictions it may have on your ability to do this work: \_\_\_\_\_

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Please provide any other information that you identify as being pertinent to this application (e.g. other medical conditions, disabilities etc.): \_\_\_\_\_

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**Declaration**

I declare that to the best of my knowledge the information given is true and correct.

I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation.

I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

I understand that this application does not constitute an offer of employment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidential (Office Use Only)**
**Referee Checks (Office Use Only)**

Referee Name	Comments	Would re-employ	Date and Initial
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Other Actions (Office Use Only)</b>			
<b>Action</b>	<b>Comments/Details</b>	<b>Name</b>	<b>Date</b>
Interview Arranged for:	Date:		
Offer of Employment made:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position:			
Letter of Engagement and other relevant forms sent:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signed Letter of Engagement returned:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pre-employment Medical Booked:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:		
Employee Start Date:			
Payroll Details Entered:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Probationary Period Expires:	Date:		
Additional Notes:			
<b>If Application Unsuccessful</b>	<b>Comments/Details</b>	<b>Name</b>	<b>Date</b>
Letter of Advice Sent:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:		