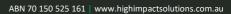
Application Forn





Position applied for:				
Employee Personal Details				
Surname:		Preferred Name:		
Given Name:		Middle Name:		
Date of Birth:		Gender:	Male □ Female □	
Mobile Number:		Email:		
Address:				
Are you of Aboriginal or Torres Strait Islander descent?		No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both ☐		
Australian Citizen:	Yes □ No □	Permanent Australian Resident:	Yes □ No □ N/A □	
Working Visa Holder:	Yes □ No □ N/A □	Visa Type and Expiry Date:		
Are there any restrictions on y	our Visa?	Yes □ No □ N/A □		
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? (Note, BHP OD is a non-smoking site)		Yes □ No □		
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 \(\square\) No			
Have you previously worked at Olympic Dam? Yes □ No □				
If yes, when and what was your position??		If yes, what was your site access number?		
Have you previously worked a	t Nyrstar?	Yes □ No □		
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 □ No □				
If yes, please provide details:				
Do you hold a current White	Yes □ No □	White Card Number		
Card?		(if applicable):		
Do you have a USI (Unique Student Identifier) Number?	Yes □ No □	USI Number: (if applicable):		



Emergency Contact Details						
Name:	Mobile Number:					
Address of Emergency Contact:						
Relationship to Emergency Contact:						
Current Qualifications						
Title of Qualification		Instit	ution / Training Prov	ider		Year Completed
Licences and Qualifications	Attained		Licence No. / Othe	r Details	Copy of Co	ertification Received
Australian Drivers Licence / Class	Yes □ No l				Yes □ No	
Forklift Licence	Yes □ No l				Yes □ No	 D []
Boom and Scissor Lift	Yes □ No				Yes □ No	 > 🗆
White Card	Yes □ No				Yes □ No	
Senior First Aid	Yes □ No				Yes □ No	 ⊃ □
Working at Heights	Yes □ No				Yes □ No	. □
Confined Spaces	Yes □ No				Yes □ No	. □
Encapsulated Suit	Yes □ No				Yes □ No	□
Breathing Apparatus (BA)	Yes □ No l				Yes □ No	. 🗆
Elevated Work Platform (EWP)	Yes □ No l				Yes □ No	. 🗆
Rigging and/or Dogging	Yes □ No l				Yes □ No	. 🗆
VOC – Aqua Cutter	Yes □ No				Yes □ No	o □
VOC – Skid Steer	Yes □ No				Yes □ No) [
VOC - Other	Yes □ No l				Yes □ No	. 🗆
Other					Yes □ No	o □
Are you currently undertaking any study	and/or train	ing?	Voc 🗆 No 🗆			
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/Dis		ther 🗆				



Previous Employment (Most recent first)				
Employer Name	Dates From/To	Position Held	Reason for Leaving	Office Use Only Check/Initial/Date
_				
Referees			•	
(Reference checks will I		an ethical manner an	on? Yes □ No □ d all information derived wil f regarding your work histor	-
Name	Contact numbe		ion Held / Working Relation Supervisor)	ship Office Use Only Check/Initial/Date
When will you be availab	ole to start work?			
Have you previously had	any workers compensa	tion claims?	Yes □ No □	
			ion as per the worker's comp	
1. 1.11	information that you ic		nent to this application (e.g.	other medical conditions,



Confidential (Office Use Only)

Referee Checks (Office Use Only)			
Referee Name	Comments	Would re-employ	Date and Initial
		Yes □ No □	
		Yes □ No □	
		100 = 110 =	
		Yes □ No □	



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