



APPLICATION FORM

All information disclosed in this application is strictly private and confidential.

Please complete **all area's** of this Application in detail where requested, as this information assists us in placing you in a position that is most suitable to you and also to our Client's requirements.

PERSONAL DETAILS

Mr Mrs Miss Ms Position Requesting: _____

Surname: _____ Given Names: _____

Home Ph: _____ Mobile Ph: _____

Address: _____

Suburb: _____ Post Code: _____ State: _____

Email: _____ Date of Birth: _____

Are you an Australian Resident? YES / NO Please attach details of Immigration Visa that will allow you to work in Australia

Do you hold a current drivers licence? C HR HC MC MR No Licence *Please Circle*

Are you a member of a Union? YES / NO

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Ph: _____ Mobile Ph: _____

Address: _____

WORKERS COMPENSATION HISTORY

Yes

No

Please provide details of any work injury that involved Workers Compensation:

Date	Injury	Days off Work	Employer	Medical Clearance

If answered Yes to Workers Compensation History - Please provide Final Medical Clearance or Fit for Work Certificate.

Do you consent to the verification and investigation of your Worker's Compensation History by TIS Recruitment and/or our Insurer? Yes No

Do you have any other Health concerns or Medical Conditions that you are aware of that may affect your ability to work, or that TIS Recruitment should be made aware of, as part of our Duty of Care to its Employee's and Clients? Yes No

MEDICAL HISTORY	Circle	If answered YES details please
What is your current Weight & Height?		KG FT/CMS
Do you Smoke?	Yes / No	How many per day?
Do you Drink Alcohol?	Yes / No	How many per day?
Do you Exercise	Yes / No	How many times per week?
Are you Pregnant?	Yes / No	Due Date?
Have you been hospitalised for any illness/accident or medical condition?	Yes / No	
Have you had any operations?	Yes / No	
Do you have a Disability or Illness at present?	Yes / No	
Have you had any time off work in the past 2 years?	Yes / No	
Have you had any problems with your back or neck?	Yes / No	
Have you ever suffered from blood pressure or heart problems?	Yes / No	
Are you taking any medication at the moment?	Yes / No	Please List:
Have you had lung problems/asthma/bronchitis?	Yes / No	
Have you ever had fits/seizures/blackouts?	Yes / No	
Have you ever had any joint problems/fractures?	Yes / No	
Have you ever had mental or nervous problems?	Yes / No	
Have you ever received treatment for a stress related condition? (ulcers, insomnia, depression, anxiety, panic attacks)	Yes / No	
Have you ever tested positive in any workplace Drug & Alcohol screening test?	Yes / No	
Have you ever had any repetitive strain/overuse injury?	Yes / No	
Do you have Diabetes?	Yes / No	
Have you ever had Tuberculosis/Pleurisy?	Yes / No	
Have you ever had Arthritis/Rheumatism?	Yes / No	
Have you ever had Hepatitis/Jaundice/Liver problems?	Yes / No	
Do you have any allergies?	Yes / No	
Do you have any skin problems? (dermatitis, eczema, psoriasis)	Yes / No	
Have you ever had cancer or a tumour of any kind?	Yes / No	
Do you have any eye defects? (colour blindness, sight defect)	Yes / No	
Do you have any hearing/ear/sinus related problems?	Yes / No	
Do you suffer from migranes or regular headaches?	Yes / No	
Do you suffer from any health related condition that may be affected as the result of being exposed to medications, detergents or pesticides?	Yes / No	
Do you suffer from Epilepsy?	Yes / No	

Do you have any Difficulty with the following activities or tasks?

Working at Heights?	Yes / No	Standing for any period of time?	Yes / No
Working in Confined Spaces?	Yes / No	Being in crowded area's?	Yes / No
Lifting anything under 20kg?	Yes / No	Working with noise?	Yes / No
Running 100 metres?	Yes / No	Bending or stretching?	Yes / No
Sitting for any period of time?	Yes / No	Gripping firmly with both hands	Yes / No
Repetitive hand or arm movements?	Yes / No	Kneeling?	Yes / No
Turning your head?	Yes / No	Understanding English	Yes / No
Reading or Writing English?	Yes / No	Concentrating?	Yes / No

Current Tickets & Licenses (please circle)

Rigging & Scaffolding DG / RB / RI / RA / SB / SI / SA	Crane CT / CD / CN / CV / C2 / C6 / C1 / C0 / CB / CP
Offshore WAIO / TBOSIET / HUET / MSIC	Mobile Plant Tickets HS / LL / LE / LS / LB / LG / LR / LZ / LF / LO

Other (please tick)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> MARCSTA | <input type="checkbox"/> EWP | <input type="checkbox"/> Dangerous Goods |
| <input type="checkbox"/> Police Clearance | <input type="checkbox"/> High Risk | <input type="checkbox"/> Senior First Aide |
| <input type="checkbox"/> White Card | <input type="checkbox"/> MWHS | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Working at Heights | | |

Please list any further tickets you may hold: _____

Trade Qualifications (please list what trade certificate you have, a copy must be submitted)

- Boilermaker _____
- Poly Welder _____
- Coded Welder _____
- Electrician _____
- Machinist _____
- Fitter _____
- Other _____

Current Site Inductions (please tick)

- | | | |
|---|---|--|
| <input type="checkbox"/> St Ives Gold Mine | <input type="checkbox"/> Boddington Gold | <input type="checkbox"/> Xstrata |
| <input type="checkbox"/> St Ives Heap Leach | <input type="checkbox"/> Kalgoorlie KNS / KNC | <input type="checkbox"/> KCGM |
| <input type="checkbox"/> Granny Smith | <input type="checkbox"/> Higginsville | <input type="checkbox"/> Kanowna Belle |
| <input type="checkbox"/> Alcoa | <input type="checkbox"/> FMG | <input type="checkbox"/> Jundee |
| <input type="checkbox"/> Murrin Murrin | <input type="checkbox"/> Bronzewing | <input type="checkbox"/> Newmont |
| <input type="checkbox"/> RIO Tinto Site _____ | <input type="checkbox"/> BHP Site _____ | |

Other: _____

