



APPLICATION OF EMPLOYMENT

Completion of this form is not a guarantee of employment

Section 1: Personal Details	
Position Applied For:	
Family Name:	Given Name:
Preferred Name:	
Street Address:	
Suburb:	Post Code:
Mobile No:	Home No:
Email:	
Driver License Number:	

Section 2: Emergency Contact Details	
Family Name:	Given Name:
Street Address – Tick if same as above: <input type="checkbox"/>	
Street Address:	
Suburb:	Post Code:
Mobile No:	Home No:

Section 3: Employment Sought				
Any <input type="checkbox"/>	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Part Time <input type="checkbox"/>	Casual <input type="checkbox"/>
Are you required to give notice to your current employer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, how much notice do you need to give?				

Section 4: Trade Qualification(s)/ Highest Education Level/ Training
Highest Education Level or Trade Certificate:
Name of Institution:

Section 5: Employment History for the past 5 years (Most recent first)				
	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Part Time <input type="checkbox"/>	Casual <input type="checkbox"/>
Position Held:	Supervisor:			
Company:	Contact No:			
Employment Dates: From To	Reason for Leaving:			
Location/ Project:				
Duties Held:				
Reference: (Please tick, should this be a preferred referee) <input type="checkbox"/>				

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Second Previous Employer						
Permanent <input type="checkbox"/>		Contract <input type="checkbox"/>		Part Time <input type="checkbox"/>		Casual <input type="checkbox"/>
Position Held:				Supervisor:		
Company:				Contact No:		
Employment Dates: From To				Reason for Leaving:		
Location/ Project:						
Duties Held:						
Reference: (Please tick, should this be a preferred referee) <input type="checkbox"/>						
Third Previous Employer						
Permanent <input type="checkbox"/>		Contract <input type="checkbox"/>		Part Time <input type="checkbox"/>		Casual <input type="checkbox"/>
Position Held:				Supervisor:		
Company:				Contact No:		
Employment Dates: From To				Reason for Leaving:		
Location/ Project:						
Duties Held:						
Reference: (Please tick, should this be a preferred referee) <input type="checkbox"/>						
Fourth Previous Employer						
Permanent <input type="checkbox"/>		Contract <input type="checkbox"/>		Part Time <input type="checkbox"/>		Casual <input type="checkbox"/>
Position Held:				Supervisor:		
Company:				Contact No:		
Employment Dates: From To				Reason for Leaving:		
Location/ Project:						
Duties Held:						
Reference: (Please tick, should this be a preferred referee) <input type="checkbox"/>						
Other Previous Employment						
NO	Position	Company	Dates From - To	Location/Project	Supervisor	Contact No
5			/ to /			
6			/ to /			
7			/ to /			
8			/ to /			
As part of the YEM Technology recruitment selection procedure, three reference checks will be conducted based on the employment history above. Please ensure the contact details for each supervisor is correct.						

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Section 6: Skills & Experience		
(Please tick the areas in which you have skills, tickets (current) and experience. Copies of the supporting tickets/ Trade papers/ Certificates/ Training records MUST be attached or provided to HR as part of YEM Technology recruitment selection procedure.)		
<p style="text-align: center;">Certified Tradesman</p> <input type="checkbox"/> Boilermaker <input type="checkbox"/> Bricklayer <input type="checkbox"/> Cabinetmaker <input type="checkbox"/> Carpenter <input type="checkbox"/> Mechanical Fitter <input type="checkbox"/> Pipefitter (Certified Boilermaker) <input type="checkbox"/> Welder <input type="checkbox"/> Welder Special Class <input type="checkbox"/> Electrician	<p style="text-align: center;">Plant Operator</p> <input type="checkbox"/> Bobcat <input type="checkbox"/> Skid steer Loader <input type="checkbox"/> Front End loader <input type="checkbox"/> Back Hoe Operator <hr/> <p style="text-align: center;">Current Apprenticeship</p> <input type="checkbox"/> Boilermaker <input type="checkbox"/> Bricklayer <input type="checkbox"/> Cabinetmaker <input type="checkbox"/> Mechanical Fitter <input type="checkbox"/> Carpenter	<p style="text-align: center;">Administration</p> <input type="checkbox"/> Contracts Administrator <input type="checkbox"/> Site Administrator <input type="checkbox"/> Secretary/Personal Assistant <input type="checkbox"/> Data Entry <input type="checkbox"/> Payroll <input type="checkbox"/> Accounts <input type="checkbox"/> Human Resources <input type="checkbox"/> Finance <input type="checkbox"/> Reception <input type="checkbox"/> Proposal Coordinator <input type="checkbox"/> Estimator
<p style="text-align: center;">Other skilled Trades</p> <input type="checkbox"/> Painter <input type="checkbox"/> Machine Operator <input type="checkbox"/> Sheet Metal Worker <input type="checkbox"/> Polywelder <input type="checkbox"/> Machinist	<p style="text-align: center;">Traffic Management</p> <input type="checkbox"/> Basic Worksite <input type="checkbox"/> Adv Worksite <input type="checkbox"/> Traffic Control	<p style="text-align: center;">HSE</p> <input type="checkbox"/> HSE Manager <input type="checkbox"/> HSE Advisor <input type="checkbox"/> QA / QC Manager <input type="checkbox"/> QA / QC Advisor
<p style="text-align: center;">Trades Assistant / Labourer</p> <input type="checkbox"/> Labourer <input type="checkbox"/> Trades Assistant <input type="checkbox"/> Electrical Trades Assistant	<p style="text-align: center;">General</p> <input type="checkbox"/> Construction Blue/White card <input type="checkbox"/> Working at Heights <input type="checkbox"/> Confined Space <input type="checkbox"/> MSIC <input type="checkbox"/> First Aid	<p style="text-align: center;">Supervisory</p> <input type="checkbox"/> Construction Manager <input type="checkbox"/> Superintendent <input type="checkbox"/> Mechanical Supervisor <input type="checkbox"/> Electrical Supervisor <input type="checkbox"/> Leading Hand <input type="checkbox"/> Foreman
<p style="text-align: center;">Crane / Rigger / Scaffolder</p> <input type="checkbox"/> CV <input type="checkbox"/> SI <input type="checkbox"/> CN <input type="checkbox"/> DG <input type="checkbox"/> C6 <input type="checkbox"/> RA <input type="checkbox"/> C1 <input type="checkbox"/> SA <input type="checkbox"/> CO <input type="checkbox"/> LO <input type="checkbox"/> RB <input type="checkbox"/> SB <input type="checkbox"/> LF <input type="checkbox"/> RI	<p style="text-align: center;">Concrete / Civil</p> <input type="checkbox"/> Concrete Floater <input type="checkbox"/> Concrete Form Worker <input type="checkbox"/> Concrete Stripper <input type="checkbox"/> Concrete Gang Worker <input type="checkbox"/> Concrete Gun/ Pump Operator <input type="checkbox"/> Concrete Labourer <input type="checkbox"/> Steel Erector <input type="checkbox"/> Steel Fixer <input type="checkbox"/> Grouter	<p style="text-align: center;">Engineering</p> <input type="checkbox"/> Mechanical Engineer <input type="checkbox"/> Civil Engineer <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Structural Engineer <input type="checkbox"/> Draftsperson <hr/> <p style="text-align: center;">Driver's Licence</p> <input type="checkbox"/> Current C Class <input type="checkbox"/> Current HR Class <input type="checkbox"/> Other

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Section 7: Previous site induction			
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Have you previously worked on Sino Iron?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	From / to /
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Section 8: Working Outside Normal Hours	
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Are you willing to work outside normal working hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section 9: FIFO Conditions of Employment

It is a condition of employment that when being offered employment with YEM Technology Pty Ltd on any of the company's fly in fly out (FIFO) projects that the Point of Hire is Perth, Western Australia and all employees are expected to be available for the entire length of their rostered cycle / swing.

If, however, you choose to quit or leave, you are expected to complete the rostered cycle / swing you are on. Should you fail to complete your swing, you will be personally responsible for the return portion of your airfare to the Point of Hire (Perth).

Where a request to change any roster cycle / swing is sought by the employee and not as result of any company operational requirements or direction, the employee will be liable for any cancellation costs, rebooking fees and any additional flight costs as applicable. Interstate employees will also be personally responsible for the booking and payment of their flight from Perth to their home state.

I.....have read and completely understand the above Conditions of Employment. I understand that by signing below this authorises YEM Technology Pty Ltd to deduct from my final pay the cost of my flight from site in the event I fail to complete my Rostered Swing.

Signature:	Date:
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Section 10: Right to Work in Australia	
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Are you an Australian Resident for work purposes? If not, please attach copies of your Visa documentation which allows you to work in Australia.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Section 11: Health

(Note: The information you provide in this section may be made available to the Insurer in connection with any claim for worker's compensation so it is very important that your answers are correct).

Are you currently taking any medication that could affect your ability to undertake the essential requirements of the position?

Yes No

Do you have any disability, impairment, condition, allergy or injury that could reduce your ability to undertake the essential requirements of the position or could be aggravated or accelerated whilst undertaking the essential requirements of the position?

Yes No

If Yes, please provide details:

Have you ever claimed Workers Compensation for any reason?

(Under Section 79 of the Workers Compensation and Injury Management Act 1981 (WA), if it is proven that a worker, at the time of seeking or entering employment, wilfully and falsely represents him/herself as not having previously suffered an injury, an arbitrator may use his/her discretion to refuse to award compensation which otherwise would be payable).

Yes No

If Yes, please provide details of any previous or current injuries for which benefits under Worker's Compensation have been / are being claimed that could affect your ability to undertake the essential requirements of the position:

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Section 12: Fitness for Work

It is important that you are medically fits to perform the duties associated with the occupation or position you are applying for. If you are short-listed for employment you will be asked to undergo a Pre-Employment Medical Examination, Drug and Alcohol Screen plus any other project specific medical examinations.

Do you agree to undergo a full medical and drug / alcohol screen at the company's expense?

Yes No

Do you agree to undergo random "On the Job" drug / alcohol screening?

Yes No

Depending on the requirements of the work, some activities may involve:

Yes No

- Heavy lifting;
- Repetitive actions;
- Lifting and using heavy tools;
- Working in confined space;
- Working outdoors;
- Working in hot & dusty conditions
- Wearing a P2 / P3 half face mask

Is there any reason that prevents you from undertaking any of the above listed activities?

Section 13: Planned Annual Leave within the next six months

Date	Reason
/ to /	
/ to /	
/ to /	

Please be advised that annual leave is not guaranteed. This will be subject to operational needs.

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Section 14: Declaration

Before signing the declaration below, please take the time to review your response and ensure all details are complete and correct.

I certify that the answers, information and statements in this application form are correct and to the best of my knowledge and understanding that incorrect or misleading statements or omission may:

- Render me liable for termination of appointment
- Render me liable to disciplinary action
- Negate any future claim for compensable injury/illness

I understand that any false or misleading details may render this registration invalid and if employed, such falsification or misinformation will be considered serious and may result in termination of my employment.

I understand this information may be subject to verification.

I consent to the company performing and reference checks which may be necessary to support this application.

I consent to the collection, use and disclosure of my medical information to YEM Technology Pty Ltd and its clients for employment purposes.

I consent to my details being added to the company's recruitment database and being disclosed for the purpose of considering my suitability for employment opportunities with any current or future projects.

Signature: _____

Date: _____