

# EMPLOYMENT REGISTRATION FORM

## INFORMATION FOR COMPLETING THIS FORM

*Thank you for taking the time to complete this Employment Registration Form*

In completing this form you should:

1. Read and understand the requirements prior to completion.
2. Complete all sections.
3. Attach photocopies of supporting documentation including tickets. Do not attach originals.
4. When finished filling in the form, re-read it to ensure all sections are completed and correct.
5. Understand that submitting this form is not an offer of employment and does not guarantee employment.
6. If you are considered suitable for an interview, the information you have provided in this form and confirmation of your work history with your former employer(s) will be utilized during the recruitment process.
7. If you are offered and accept that employment, information will also be provided to our Client/s about your mobilisation, including that you have satisfactorily met pre-employment checks, such as the Fitness For Work Medical together with the information set out in point 6 above, the "Information".
8. The information may also be used and disclosed by ADiT Engineering for the purpose of confirming your suitability for employment opportunities currently and in the future.

Please forward this form together with a copy of any relevant tickets. NB: It is a requirement that you must have a Queensland Construction Industry Blue Card to commence work on a construction site in Queensland.

### POST

ADiT Engineering  
ATT: Employment  
PO Box 7836  
GARbutt BC QLD 4814

### EMAIL

recruit@aditengineering.com.au

### FAX

07 4755 5255

How did you hear about ADiT Engineering?

Newspaper Advertisement	<input type="checkbox"/>	ADiT Website	<input type="checkbox"/>	Career One Website	<input type="checkbox"/>
Radio Advertisement	<input type="checkbox"/>	Word Of Mouth	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

## 1. PERSONAL DETAILS

First Name:		Last Name:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Street Address:		Suburb:	
State:		Postcode	
Home Phone:		Mobile Phone:	
Email:			
Do you hold a current drivers license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
State Of Issue:		License No.:	
Expiry Date:		Class:	
Are you an Australian Resident?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not an Australian Resident please attach details of the immigration visa which allows you to work in Australia.			
Emergency Contact Name:			
Relationship to Applicant:		Contact Phone No:	

## 2. OCCUPATION SOUGHT

Please state the occupation or positions you are interested in.

First Preference:		Total Experience (In Years)	
Second Preference:		Total Experience (In Years)	

<input type="checkbox"/> Fly in / fly out	<input type="checkbox"/> Local	<input type="checkbox"/> Either
---	--------------------------------	---------------------------------

### 3. QUALIFICATIONS

a) Please provide details of any trade qualifications.

Trade:			
Year Completed:		Where did you complete your trade qualification?	

b) TAFE or similar courses completed.

Course:			
Year Completed:		Where did you complete your course?	

Course:			
Year Completed:		Where did you complete your course?	

c) Special skills/experience, eg. welding certifications.


d) Please mark with a ✓ any of the following tickets you hold.

Ticket	Description	Date Issued
<input type="checkbox"/> BC	Bobcat	
<input type="checkbox"/> BM	Boilermaker	
<input type="checkbox"/> C1	Slewing mobile crane - capacity of 100 t or less	
<input type="checkbox"/> C2	Slewing mobile crane - capacity of 20 t or less	
<input type="checkbox"/> C6	Slewing mobile crane - capacity of 60 t or less	
<input type="checkbox"/> CB	Bridge or gantry crane (non remote operation)	
<input type="checkbox"/> CD	Derrick crane	
<input type="checkbox"/> CN	Non-slewing mobile crane - capacity of 3 t or more	
<input type="checkbox"/> CO	Slewing mobile crane - capacity of more than 100 t	
<input type="checkbox"/> CP	Portal boom crane	
<input type="checkbox"/> CS	Self erecting tower crane	
<input type="checkbox"/> CT	Tower crane	
<input type="checkbox"/> CV	Vehicle loading crane - capacity of 10 t or more	
<input type="checkbox"/> DG	Dogging	
<input type="checkbox"/> HM	Materials hoist	
<input type="checkbox"/> HP	Materials or personnel hoist	
<input type="checkbox"/> LB	Front-end loader / backhoe having an engine capacity of more than 2 litres	
<input type="checkbox"/> LBG	Bridge or gantry crane (remote operation)	
<input type="checkbox"/> LE	Excavator having an engine capacity of more than 2 litres	
<input type="checkbox"/> LF	Fork lift truck - other than a pedestrian operated Fork Lift Truck	
<input type="checkbox"/> LG	Grader	
<input type="checkbox"/> LL	Front-end loader having an engine capacity of more than 2 litres	
<input type="checkbox"/> LO	Forklift Truck - Order Picking	
<input type="checkbox"/> LP	Scraper - capacity of 100 t or less	
<input type="checkbox"/> LR	Road roller having an engine capacity of more than 2 litres	
<input type="checkbox"/> LS	Skid steer loader having an engine capacity of more	

Ticket	Description	Date Issued
	than 2 litres	
<input type="checkbox"/> LZ	Dozer	
<input type="checkbox"/> PB	Concrete placing boom	
<input type="checkbox"/> RA	Rigging - Advanced	
<input type="checkbox"/> RB	Rigging - Basic	
<input type="checkbox"/> RI	Rigging - Intermediate	
<input type="checkbox"/> SA	Scaffolding - Advanced	
<input type="checkbox"/> SB	Scaffolding - Basic	
<input type="checkbox"/> SI	Scaffolding - Intermediate	
<input type="checkbox"/> WP	Elevating Work Platform - boom type work platform - boom length of 11 metres or more	
<input type="checkbox"/>	Dangerous Goods	
<input type="checkbox"/>	Confined Space	
<input type="checkbox"/>	First Aid Certificate – Level _____	
<input type="checkbox"/>	30215QLD Course In General Safety (Blue Card)	
<input type="checkbox"/>	30253QLD Generic Induction Metalliferous Extractive	
<input type="checkbox"/>	30256QLD Generic Induction Metalliferous Core	
<input type="checkbox"/>	30643QLD Coal Mining Core	
<input type="checkbox"/>	30712QLD Generic Induction Metal	
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Other: _____	

**4. LEADING HAND, SUPERVISORY OR LEADERSHIP ROLES**

If you have had experience in any of these roles please provide all relevant information.

--

**5. EMPLOYMENT HISTORY**

Beginning with your current or most recent position, please provide details of the last five years.

Company Name:	Phone Number:		
Position Held:	Name Of Supervisor:		
Location / Project:	Employment Dates:	From:	To:
What were your main duties and responsibilities?			
Reason for leaving:			

Company Name:	Phone Number:		
Position Held:	Name Of Supervisor:		
Location / Project:	Employment Dates:	From:	To:
What were your main duties and responsibilities?			
Reason for leaving:			

Company Name:	Phone Number:		
Position Held:	Name Of Supervisor:		
Location / Project:	Employment Dates:	From:	To:
What were your main duties and responsibilities?			
Reason for leaving:			

Company Name:	Phone Number:		
Position Held:	Name Of Supervisor:		
Location / Project:	Employment Dates:	From:	To:
What were your main duties and responsibilities?			
Reason for leaving:			

Company Name:	Phone Number:		
Position Held:	Name Of Supervisor:		
Location / Project:	Employment Dates:	From:	To:
What were your main duties and responsibilities?			
Reason for leaving:			

**Previous Employment History In Brief**

Company Name	Employment Dates	Position	Location / Project	Supervisor	Phone Number

Please confirm we can contact your previous employers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. PLEASE TELL US MORE ABOUT YOURSELF**

What in your experience is the best way to go about correcting or making safe a work area that has hazards?

What do you believe helps to create a safe working environment?

What do you believe is the best way to resolve any work related issues or grievances?

How would you be best remembered in your last job?

**7. MEDICAL HISTORY**

This information remains confidential and may assist medical personnel in any emergency if required.

Condition of Health	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Do you suffer from any medical condition or limitation which may restrict the performance of any duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, provide details:			

Have you suffered in the past, or do you currently suffer from any of the following:

Inguinal Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Ailment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing Loss / Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sight Loss / Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any other disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you suffer from either diabetes or epilepsy, is the ailment medically controlled?

☐ Yes ☐ No

Are you prepared to undergo a full medical examination inclusive of a drug screen if required?

☐ Yes ☐ No

**8. WORKERS COMPENSATION HISTORY**

Please provide details of Workers' Compensation claims submitted in the last five years or mark not applicable. A false or misleading disclosure may affect entitlement to compensation.

Approx Date	Name Of Employer	Nature Of Claim	Days Off Work

**9. ADDITIONAL INFORMATION**

If you wish to add additional information or comments to support your registration, please use the space below.

**10. DECLARATION**

Before signing the declaration below, please take the time to review your responses and ensure all detail is complete and correct.

*I certify that the answers, information and statements made in this registration form are correct and to the best of my knowledge. I understand this information may be subject to verification. I understand that any false or misleading detail may render this registration invalid. If employed, such falsification of misinformation will be considered serious and may result in termination of my employment.*

I consent to:

- ADiT Engineering collecting the information for the purpose of confirming suitability of employment;
- The disclosure and use of the information for the purpose of managing matters relating to my employment.

I understand that no guarantee of employment whatsoever is given by the completion and acceptance of this form.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_