



APPLICATION FOR EMPLOYMENT FORM

IMS4.2.F01

Resume Attached: Yes No

Date: / /

How did you hear about Minepower and/or this position?	<input type="checkbox"/> Minepower's website	<input type="checkbox"/> Other website: _____	
	<input type="checkbox"/> Newspaper/Magazine Ad/Article	<input type="checkbox"/> Seek	<input type="checkbox"/> Friends/Family
	<input type="checkbox"/> Minepower event (Conference, Expo, Open Day etc)		<input type="checkbox"/> Radio Ad
	<input type="checkbox"/> Other: _____		

Position Desired:

Surname:		Female:	<input type="checkbox"/>
Other Names:		Male:	<input type="checkbox"/>
Preferred Name:			
Current Address:			Postcode:
Telephone No:	()	Mobile No:	
Mailing Address:			Postcode:
Email Address:			
Date of Birth:	/ /	Marital Status:	No of Children:

Emergency Contact Person (Compulsory)

Name:			
Address:			Postcode:
Telephone No:	()	Mobile No:	
Relationship to you:			

Qualifications/Licences

Drivers Licence No:		Expiry Date:	/ /
Licence Class:		State:	
Mine Health Surveillance No:		Expiry Date:	/ /
First Aid Certificate No:		Expiry Date:	/ /
Police Clearance:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Date Obtained:	/ /
MARCSTA No:		Expiry Date:	/ /
Highest Education:		Year Completed:	
Trade Qualifications:		Year Completed:	





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Machinery Experience (if applicable)

Machine	Make/Model/Size	Type of Application	Month/Years Worked Licence Ticket No
Excavator			
Dozer			
Loader			
Dump Truck			
Grader			
Watercart			
Scraper			
Other (e.g. Crane, Forklift)			

Have you worked with Minepower previously?

Yes: No:

If yes, Site Name: _____

Dates Employed: _____

Employment History: By providing the name and details of your previous employers, you consent to Minepower contacting the persons listed for the purpose of gathering information regarding your work history, unless you advise otherwise.

Please complete fully beginning with your current or most recent employer

Company Name:	()	Phone:	()
Position Held:		Supervisor:	
Employed From:	/ /	To:	/ /
Description Duties (Include Location/Project Name if applicable):			
Reason for Leaving:			
Company Name:	()	Phone:	()
Position Held:		Supervisor:	
Employed From:	/ /	To:	/ /
Description Duties (Include Location/Project Name if applicable):			
Reason for Leaving:			
Company Name:	()	Phone:	()
Position Held:		Supervisor:	
Employed From:	/ /	To:	/ /
Description Duties (Include Location/Project Name if applicable):			
Reason for Leaving:			





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Referees

Please provide any additional references that can be contacted for the purpose of gathering information that will support your application:

Name:		Telephone No:	()
Title:		Company Name:	

Name:		Telephone No:	()
Title:		Company Name:	

Are you legally entitled to work in Australia?

Yes No

Visa Details (if applicable): _____

Are you prepared to:

- Undergo a Pre-employment Medical? Yes No
- Undergo Drug and Alcohol Screening? Yes No
- Undergo a Police Clearance Check? Yes No
- Work Shift Work? Yes No
- Work Fly In Fly Out? Yes No
- Work in remote locations? Yes No

Do you suffer from any of the following?

- | | | | |
|--------------------|--|-------------------|--|
| Blackouts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lung Ailments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skin Disorders? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Trouble? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood Pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Back Problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eyesight Problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing Problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hernia? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes to any of these, please give details: _____

Have you ever claimed workers compensation benefits?

Yes No

If yes, please give details: _____

Are you a member of any Union? _____

Yes No

- Shirt Size:** Small Medium Large XL
 2XL 3XL 4XL 5XL





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I understand that any offer of employment to me by Minepower is based on the accuracy of the information provided by me in this application, attached resume and any other employment related documents and I declare that to my knowledge the above information is true and correct. I understand that Minepower reserves the right to terminate my employment should any of these facts be untrue or misleading.

Signature: _____

Print Name: _____

Date: __/__/__

Please Note: Employment is dependent on successful completing of the recruitment and selection process which includes a pre-employment health assessment, drug and alcohol screening and police clearance.

Notes:

