

# WestForce Construction

## REGISTRATION OF INTEREST IN EMPLOYMENT FORM

### INFORMATION ON COMPLETING THIS FORM

1. Read and understand the requirements prior to completion
2. Complete all sections
3. Attach supporting documentation, but only photocopies. 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 with WestForce
6. If you are considered for an interview, the information that you have provided on this form and confirmation of your work history
7. If you are offered, and accept employment, information will be provided to our clients regarding your mobilisation, including that you have met pre employment checks including medicals and training information
8. The information will be held on a database and may be referred to by WestForce for other projects that may arise in the future

### SECTION 1: PERSONAL DETAILS

FAMILY NAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ DATE OF BIRTH: / / .

USUAL RESIDENTIAL ADDRESS: \_\_\_\_\_

POST CODE \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_ CURRENT OCCUPATION: \_\_\_\_\_

DRIVERS LICENCE No: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRY \_\_\_\_\_ CLASS: \_\_\_\_\_

ARE YOU AN AUSTRALIAN RESIDENT? YES  NO

If not an Australian Resident please attach details of the immigration visa which allows you to work in Australia.

NAME OF PERSON TO RELATIONSHIP  
CONTACT IN EMERGENCY: TO APPLICANT: \_\_\_\_\_

ADDRESS: POSTCODE: \_\_\_\_\_

CONTACT PHONE NO: \_\_\_\_\_ MOBILE: \_\_\_\_\_

### INDIGENOUS EMPLOYMENT OPPORTUNITIES

From time to time WestForce is involved with recruitment initiatives and programs for people from an Australian Indigenous background. If you come from an Indigenous background and wish to be considered for employment in one of these programs, please indicate by ticking the following box

### SECTION 2: OCCUPATION SOUGHT

Please state the occupation or positions you are interested in: for guidance, please refer to the skill descriptions below, providing further specifications where necessary.

First preference \_\_\_\_\_ Year experience \_\_\_\_\_

Second Preference: \_\_\_\_\_ Years experience: \_\_\_\_\_

SKILL DESCRIPTIONS		
Group 1 Concrete Floater	Group 3 Driver Truck up to 10 Tonnes	Group 6 Instrument Fitter / Electrical Grade 2
Group 1 Concrete Formwork Stripper	Group 3 Driller 0-155mm dia	Group 6 Instrumentation & controls Tradesperson
Group 1 Concrete Gang Worker	Group 3 Pipe Layer	Group 7 Apprentice
Group 1 Concrete Gun or pump operator	Group 3 Plant operator grade 2	Group 7 Admin Support
Group 1 Crane chaser	Group 3 Railway worker 2	Group 7 Engineer
Group 1 Electrical Trades Assistant	Group 3 Renderer	Group 7 Environmental Personnel
Group 1 Labourer	Group 3 Rigger	Group 7 Field Assistant
Group 1 Labourer (less than 3 months exp in industry)	Group 3 Rigger or Scaffolder (metal trades – certified)	Group 7 Foreperson / supervisor
Group 1 Metal Trades Assistant	Group 4 Carpenter	Group 7 Management
Group 1 Metal Trades Assistant (using grinder)	Group 4 Crane Operator 15-40 tonnes	Group 7 Safety Advisor
Group 1 Serviceperson	Group 4 Crane Operator 40-80 tonnes	Group 7 Superintendent
Group 1 Steel Erector	Group 4 Driller 155-230mm dia	Group 7 Surveyor
Group 1 Tradespersons Labourer	Group 4 Metal tradesperson	Group 7 Surveyors Assistant
Group 2 Concrete Batch Plant operator	Group 4 Painter	Group 7 Nurse
Group 2 Concrete Batcher Culvert crew	Group 4 Plant Operator grade 3	Group 7 First Aid Officer
Group 2 Concrete finisher Hoist or Winch driver	Group 4 Railway Worker 3	Group 8 Chef/ Head cook
Group 2 Driller's Offsider	Group 4 Service Tradesperson	Group 8 Qualified Cook
Group 2 Plant Operator grade 1	Group 4 Tradesperson (templates)	Group 8 Breakfast & or other cooks
Group 2 Railway worker 1	Group 4 Tradesperson Other	Group 8 Service Attendant
Group 2 Rigger & Scaffolder (metal trades- unlicensed)	Group 5 Crane Operator 80-100 tonnes	Group 8 Cleaner
Group 2 Scaffolder	Group 5 Crane Operator 100-140 tonnes	Group 8 General Hand
Group 2 Spotter	Group 5 Crane Operator 140-180 tonnes	Group 8 Gardener
Group 2 Steelfixer	Group 5 Crane Operator 180- 200 tonnes	Group 8 Security Guard
Group 2 Steel fixer culvert crew	Group 5 Crane Operator 220 tonnes and over	
Group 2 Storeperson	Group 5 Drillers 230mm dia and over	
Group 2 Tool & Material Storepserson (metal trades)	Group 5 Electrical Tradesperson	
Group 2 Traffic Controller	Group 5 Instrument Fitter / Electrical grade 1	
Group 3 crane Operator 0-8 tonnes	Group 5 Special Class tradesperson (mechanical)	
Group 3 Crane Operator 8-15 tonnes	Group 5 Welder Special Class	
Group 3 Crusher Operator	Group 6 Electrician Special Class	

**SECTION 3: INDUCTION & MEDICAL CHECKLIST**

MARCSTA  \_\_\_\_\_ Exp \_\_\_\_\_ BHP Induction  \_\_\_\_\_  
 Mine workers Health Surviellance  \_\_\_\_\_ Exp \_\_\_\_\_ Police GSDU Form  \_\_\_\_\_  
 Pilbara Iron Induction  \_\_\_\_\_ Exp \_\_\_\_\_ Other \_\_\_\_\_  
 DTEC 4WD (Gravel)  \_\_\_\_\_

**SECTION 4: QUALIFICATIONS/TRAINING**

Highest Education level attained: \_\_\_\_\_ Name of Institution / school: \_\_\_\_\_

National Certificates or documented "in house" training

Rigging  \_\_\_\_\_ First Aid  \_\_\_\_\_ Forklift  \_\_\_\_\_  
 Scaffolding  \_\_\_\_\_ Concrete Placing booms  \_\_\_\_\_ Mobile plant  \_\_\_\_\_  
 Dogging  \_\_\_\_\_ Elevated Work Platform  \_\_\_\_\_ Electrical License  \_\_\_\_\_  
 Crane  \_\_\_\_\_ Hoists  \_\_\_\_\_ Other  \_\_\_\_\_  
 Worksafe Certificate of competency  \_\_\_\_\_  
 Electrical License  \_\_\_\_\_ Class \_\_\_\_\_  
 Gas Fitting License  \_\_\_\_\_ Class \_\_\_\_\_

Copies of supporting documentation (certificates, trade papers, training records) MUST be attached

**SECTION 5: TRADE QUALIFICATIONS**

Trade Qualification: \_\_\_\_\_ Year completed \_\_\_\_\_

Where did you complete your Trade

Qualification? \_\_\_\_\_

Please attach a photocopy of any trade certificates issued

**SECTION 6: WELDING QUALIFICATIONS / EXPERIENCE**

Please indicate your current and lapsed codings including process used. Please tick.

PROCESS	STATE CERTIFICATION	STRUCTURAL	PIPE	LAPSED/WHEN
S M A W (Stick Electrodes)				
F C A W (Gas Shielded Flux Cored)				
S A W (Sub Arc Welding)				
G T A W (TIG)				
Other				

**SECTION 7: LEADING HAND / SUPERVISORY OR LEADERSHIP ROLES**

If you have had experience in any of these roles, please provide further information.

\_\_\_\_\_

\_\_\_\_\_

**SECTION 8: PLEASE PROVIDE A BRIEF STATEMENT OF YOUR WORK EXPERIENCE & SKILLS FOR THE POSITION YOU ARE REGISTERING FOR**

\_\_\_\_\_

\_\_\_\_\_

**SECTION 9: EXPERIENCE**

Have you ever worked in the construction industry? Yes  No  If yes, then how long? \_\_\_\_\_

Are you currently completing an apprenticeship? Yes  No  If yes, which year of apprenticeship are you in? \_\_\_\_\_

Have you had experience working on our or our clients Iron ore location before? Yes  No  Year \_\_\_\_\_

Have you ever worked in other WA North West locations? Yes  No  Year \_\_\_\_\_

**SECTION 10 : EMPLOYMENT HISTORY**

Beginning with you current or most recent employment history, please provide details of the last **five** years. We require at least 3 reference contacts that **MUST** be contactable.

1. COMPANY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_  
EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WHAT WERE YOUR MAIN DUTIES AND RESPOSIBILITIES? \_\_\_\_\_  
\_\_\_\_\_  
LOCATION/PROJECT: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_  
EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WHAT WERE YOUR MAIN DUTIES AND RESPOSIBILITIES? \_\_\_\_\_  
\_\_\_\_\_  
LOCATION/PROJECT: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

3. COMPANY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_  
EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WHAT WERE YOUR MAIN DUTIES AND RESPOSIBILITIES? \_\_\_\_\_  
\_\_\_\_\_  
LOCATION/PROJECT: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

4. COMPANY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_  
EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WHAT WERE YOUR MAIN DUTIES AND RESPOSIBILITIES? \_\_\_\_\_  
\_\_\_\_\_  
LOCATION/PROJECT: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

5. COMPANY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_  
EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
WHAT WERE YOUR MAIN DUTIES AND RESPOSIBILITIES? \_\_\_\_\_  
\_\_\_\_\_  
LOCATION/PROJECT: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS EMPLOYMENT HISTORY IN BRIEF**

No	Company Name	Employment dates	Position	Location	Supervisor	Telephone No
5						
6						
7						
8						

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes  No

**SECTION 11: PLEASE TELL US MORE ABOUT YOURSELF**

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

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- What do you believe to be the most important things that help create a safe working environment?

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

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- How do you like to receive information about:

- Your work standard and performance? \_\_\_\_\_

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- The actual progress of the Project? \_\_\_\_\_

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**SECTION 12: HEALTH**

(ANSWER THE FOLLOWING QUESTIONS BY WRITING YES OR NO IN THE BOXES PROVIDED)

Note: The information you provide in this section may be made available to the insurer in connection with any claim for workers compensation so it is important that your answers are correct. Any wilfully misleading or falsely represented information provided here may jeopardise any future claim and may also be an offence under the relevant accident compensation legislation.

1. Do you have any disability, condition or injury likely to or which may affect any aspect of your work performance which could be aggravated or accelerated as a result of the employment you seek? \_\_\_\_\_

2. Have you ever claimed workers compensation for any reason? \_\_\_\_\_

3. If yes, please provide details:

Injury \_\_\_\_\_ Year \_\_\_\_\_ Time absent from work \_\_\_\_\_

Injury \_\_\_\_\_ Year \_\_\_\_\_ Time absent from work \_\_\_\_\_

Are you currently taking any prescribed medications? YES  NO  Details \_\_\_\_\_

Do you wear contact lenses? YES  NO

**SECTION 13: OPERATIONAL REQUIREMENTS**

Our projects involve construction and mining activity within mining lease boundaries and operational areas. It is therefore particularly important to observe certain rules and requirements. Are you prepared to:

- Comply with all company and project safety rules and procedures? YES  NO
- Wear and use the project security swipe and identification card to enter and leave the site? YES  NO
- Comply with all security requirements including vehicle and baggage searches? YES  NO
- If you are a smoker, are you prepared to comply with the plant rules, which restrict smoking? YES  NO
- Wear and use correct personal protective equipment? YES  NO
- Not use or carry mobile phones? YES  NO
- Not use or carry a camera on the project? YES  NO
- Not use. Carry or be in possession of any weapons or firearms on the project? YES  NO
- 100% hook on when working at heights? YES  NO

**SECTION 14: GENERAL COMPANY/ PROJECT MATTERS**

- Depending on the project, the hours worked per week can exceed 60 hours per week worked over 6-7 days. How do you feel about these hours? \_\_\_\_\_

- From time to time additional hours of work may be required. How do you feel about working in excess of 60 hours per week when required? \_\_\_\_\_

- Are you prepared to work night shift if required? \_\_\_\_\_

- Are you prepared to work to the full extent of your competence and capacity? \_\_\_\_\_

Are you a member of any union organisation? If so, please give details \_\_\_\_\_

**SECTION 15: FITNESS FOR WORK**

- It is important that you be medically fit to perform the duties associated with the occupation or positions you are registering or applying for. Do you agree to undergo a full medical (including a drug screen) at the company's expense? \_\_\_\_\_
- Our company's policy to ensure employees are unimpaired whilst at work. How do you feel about random 'on the job' alcohol and drug testing program? \_\_\_\_\_
- Depending on the requirements of the work, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you working at heights? \_\_\_\_\_



**BEFORE SIGNING THE DECLARATION IN SECTION 19 BELOW, PLEASE TAKE THE TIME TO REVIEW YOUR RESPONSES AND ENSURE ALL DETAIL IS COMPLETE AND CORRECT.**

**SECTION 16:**

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 or misinformation will be considered serious and may result in termination of my employment.

I consent to:

- a) WestForce and our client/s and agents acting on their behalf, collecting the information for the purpose of confirming my suitability for employment in connection with this project
- b) WestForce providing the information to our clients/s or agents acting on their behalf for the purpose of managing matters relating to my employment on the project.
- c) The disclosure and use of the information by WestForce and our clients or agents acting on behalf for the purpose of managing matters relating to my employment on the project
- d) The disclosure and use of the information by WestForce for the purpose of considering my suitability for employment opportunities in connection with other projects that may arise in the future.
- e) If you wish to, you can contact Westforce, 27 Moojebing Street, Bayswater 6053 and request access to the information. You may also correct or update the information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE : NO GUARANTEE OF EMPLOYMENT IS GIVEN BY THE COMPLETION OF THIS FORM**

RETURN THIS FORM TO:  
WestForce Construction  
27 Moojebing Street  
Bayswater 6053