



Application For Employment

SECTION ONE

The parties to this application form being HWE MAINTENANCE SERVICES PTY LIMITED (ABN 21 103 487 074) are herein after referred to as the "the Company".

<i>(HR OFFICE USE ONLY)</i>	<input type="checkbox"/>	Banking <input type="checkbox"/> , Tax <input type="checkbox"/> , Super forms <input type="checkbox"/>	Completed	<input type="checkbox"/>
Resume attached Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Date AWA Info Statement Issued	Received	<input type="checkbox"/>
Copies of Licenses <input type="checkbox"/> , MWHS <input type="checkbox"/> & Certificates <input type="checkbox"/>	<input type="checkbox"/>	Letter Of Offer Issued:		<input type="checkbox"/>
Reference Check Completed 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>	<input type="checkbox"/>	Accept. Of Appointment Completed		<input type="checkbox"/>
Date Medical Booked: Received:	<input type="checkbox"/>	Date Details Entered into PageUp		<input type="checkbox"/>
Copy of Passport / Visa (If required) Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Flight Details provided to Employee:		<input type="checkbox"/>

Surname: _____ First Name(s): _____ Preferred Name: _____

Title: Mr Ms Mrs Miss Date of Birth: _____ dd/mm/yyyy (optional)

Address: _____

Suburb: _____ State: _____ Post Code: _____

Work Ph: _____ Mobile Ph: _____ Home Ph: _____

Email Address: _____

Drivers Licence#: _____ Class: _____ State Issued: _____ Expiry Date: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Are you an Australian Citizen / Permanent Resident or a New Zealand Citizen?: Yes No

If you are not an Australian Citizen / Permanent Resident or a New Zealand Citizen do you have a Visa that allows you to work in Australia?: Yes No

If you do you have a Visa that allows you to work in Australia What is it's No: _____ Visa / Passport No: _____

Are there any work restrictions on your visa: Yes No If "Yes" what are they: _____

SECTION TWO

What position/occupation are you applying for: Boilermaker Welder

Coded Welder Mechanical Fitter Belt Splicer

Trades Assistant Safety Advisor Site Supervisor

Admin Site Clerk Accounts

Planner Human Resources

How did you hear about the position: _____ If Other specify: _____

Prepared By:	HWE Mining Human Resources Supervisor	Date:	30/09/08	Document Number:	FM-HR-010
Approved By:	HWE Mining Human Resources Manager	Date:	30/09/08	Date Implemented:	30/09/08



Application For Employment

SECTION THREE

HIGHEST EDUCATION / TRADE QUALIFICATION - Please provide a copy of any trade certificates held

Highest Relevant education or trade level achieved	Year Completed:
Name of organization where you completed your qualification:	State:

INDUSTRY TRAINING LICENSES / QUALIFICATIONS / CERTIFICATES OF COMPETENCY- Please list any Industry specific Licenses / Qualifications / Certificates of competency you hold below and attach a copy of to this application

MINES HEALTH SURVEILLANCE	Certificate No:	Expiry:
FIRST AID:	Certificate No:	Expiry:
FEDERAL POLICE CLEARANCE	Date obtained:	
ELEVATED WORK PLATFORM:	Certificate No:	Class: <input type="checkbox"/> WP
FORKLIFT:	Certificate No:	Class: <input type="checkbox"/> LF <input type="checkbox"/> LO
	Cert No./ Type:	Expiry/Class:
	Cert No./ Type:	Expiry/Class:
	Cert No./ Type:	Expiry/Class:
	Cert No./ Type:	Expiry/Class:
	Cert No./ Type:	Expiry/Class:
	Cert No./ Type:	Expiry/Class:

Other Licenses/Certificates:

PLANT/EQUIPMENT EXPERIENCE- Please indicate any Operating, Servicing, Maintaining experience by completing the relevant sections below:

Description of Plant/Equipment			List your years experience for Either: Operating \Servicing \Maintaining
Type	Brand	Model(s)	

SECTION FOUR

Prepared By:	HWE Mining Human Resources Supervisor	Date:	30/09/08	Document Number:	FM-HR-010
Approved By:	HWE Mining Human Resources Manager	Date:	30/09/08	Date Implemented:	30/09/08



Application For Employment

EMPLOYMENT HISTORY - Beginning with your current or most recent, please provide details of your employment history for the **last five (5) years**:

1. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES? _____

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

MAY WE CONTACT YOUR *CURRENT EMPLOYER* TO VERIFY YOUR WORK HISTORY, SKILLS, & EXPERIENCE? YES NO

2. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES? _____

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

3. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES? _____

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

4. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES? _____

5. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES? _____

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

Please find space to continue your employment history to cover the last five (5) years at the end of this document if more space is required

Only complete this section if you have previously worked for **HWE Maintenance Services Pty Ltd** either **directly or indirectly** on any Project / Site and the details **have not** been included in the above stated Employment History:

Prepared By:	HWE Mining Human Resources Supervisor	Date:	30/09/08	Document Number:	FM-HR-010
Approved By:	HWE Mining Human Resources Manager	Date:	30/09/08	Date Implemented:	30/09/08
					Page 3 of 7



Application For Employment

Project / Site	Employed by	From	To	Employed as	Supervisor

WORK REFEREES

NOTE: By providing the name and contact details of these referees I consent to a member of the Company to contact the references listed for the purpose of gathering information that will support your application

1. NAME: _____ TELEPHONE NUMBER: _____

TITLE: _____

COMPANY NAME: _____ MOBILE NUMBER: _____

YEARS KNOWN: _____ RELATIONSHIP TO SELF: _____

2. NAME: _____ TELEPHONE NUMBER: _____

TITLE: _____

COMPANY NAME: _____ MOBILE NUMBER: _____

YEARS KNOWN: _____ RELATIONSHIP TO SELF: _____

3. NAME: _____ TELEPHONE NUMBER: _____

TITLE: _____

COMPANY NAME: _____ MOBILE NUMBER: _____

YEARS KNOWN: _____ RELATIONSHIP TO SELF: _____

4. NAME: _____ TELEPHONE NUMBER: _____

TITLE: _____

COMPANY NAME: _____ MOBILE NUMBER: _____

YEARS KNOWN: _____ RELATIONSHIP TO SELF: _____

5. NAME: _____ TELEPHONE NUMBER: _____

TITLE: _____

COMPANY NAME: _____ MOBILE NUMBER: _____

YEARS KNOWN: _____ RELATIONSHIP TO SELF: _____

Prepared By:	HWE Mining Human Resources Supervisor	Date:	30/09/08	Document Number:	FM-HR-010
Approved By:	HWE Mining Human Resources Manager	Date:	30/09/08	Date Implemented:	30/09/08
					Page 4 of 7



Application For Employment

SECTION FIVE

HEALTH

Note: The information you provide in this section may be made available to the insurer in connection with any claim for workers compensation. 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. Have you ever claimed workers compensation for any reason at any time? Yes No

If "Yes" to question 1 above please provide details:

Injury: _____ Year: _____ Time absent from work: _____

Injury: _____ Year: _____ Time absent from work: _____

Injury: _____ Year: _____ Time absent from work: _____

2. Do you consent to undergo a full health assessment as part of the recruitment process Yes No

3. Do you consent to participate in the Companies Fitness for Work program Yes No

4. Do you wear contact lenses or glasses? Yes No Specify which: _____

5. Have you any disability, allergies, medical condition or injury that is likely to or which may affected any aspect of your work performance or that could be aggravated or accelerated as a result of the employment you seek? Yes No

6. Have you or are you taking any medications that may hinder your performance for the job you have applied for Yes No

If you have answered "Yes" to any of the questions from 2 to 6 please provide further details:

SECTION SIX

Declaration (Personal information)

Definitions

The definition of Personal Information under the Privacy Act is:

"information or an opinion, whether true or not, and whether recorded in a material form or not, in which your identity is apparent, or can easily be ascertained from the information or opinion."

Sensitive Information is a subset of Personal Information and is defined under the Privacy Act as:

"information or an opinion about your: Racial or ethnic origin; Political opinion; Membership of a political association or religious beliefs, affiliations or philosophical beliefs; Membership of a professional or trade association or membership of a trade union; Sexual preference or practices; Health information; or Criminal record."

Health Information is both Sensitive and Personal Information and is defined under the Privacy Act as:

"information or an opinion about: your health or a disability (at any time); or your express wishes about the future provision of health services to you; or health service provided, or to be provided, to you; and any other personal information collected to provide, or in providing, a health service to you."

Prepared By:	HWE Mining Human Resources Supervisor	Date:	30/09/08	Document Number:	FM-HR-010
Approved By:	HWE Mining Human Resources Manager	Date:	30/09/08	Date Implemented:	30/09/08
					Page 5 of 7



Application For Employment

By completing and signing this form:

I acknowledge that "The Company" may, from time to time and in a manner consistent with the Privacy Act, National Privacy Principles and other legislation, e.g., Anti-Discrimination and Health and Safety, collect or require me to provide it with personal and/or sensitive information about myself for purposes directly related to my employment.

I understand that any offer of employment to me by "The Company" 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 such information is, to the best of my knowledge and belief, true and correct. I understand that if any of the information provided by me is false or if I have not disclosed any information to "The Company" which would significantly affect its decision about whether or not to employ me, my offer of employment may be withdrawn or my employment terminated. I acknowledge that if I do not disclose information regarding any pre-existing injury or disease which I know about and which may affect my employment and my injury or disease recurs or gets worse in the course of my employment, the relevant State Compensation Act States that I may not be entitled to be paid workers compensation for that pre-existing injury or disease.

I acknowledge that "The Company" may also use the personal and sensitive information collected about me for any purpose reasonably related to the work that I may undertake for "The Company", and in a manner that is consistent with the Privacy Act, National Privacy Principles and other legislation. I consent to any such reasonable uses of my personal and sensitive information.

I have the right to access personal information, which "The Company" holds about me subject to any exceptions in relevant privacy legislation. A charge may apply for providing access. For more information contact in writing:

Human Resources Manager, HWE Maintenance Services Pty Limited, 32 Jackson Street, Bayswater WA 6053

Print Name: _____ Date: _____

Signature: _____

PLEASE NOTE: Employment is dependant on successful completion of the recruitment process which includes pre-employment medical and police clearance as per operational requirements.

ADDITIONAL INFORMATION: Please use this space to provide additional information to support your application:

Prepared By:	HWE Mining Human Resources Supervisor	Date:	30/09/08	Document Number:	FM-HR-010
Approved By:	HWE Mining Human Resources Manager	Date:	30/09/08	Date Implemented:	30/09/08



Application For Employment

EMPLOYMENT HISTORY CONTINUED IF REQUIRED to cover the last 5 years employment:

6. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES?

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

7. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES?

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

8. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES?

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

9. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES?

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

10. COMPANY NAME: _____ TELEPHONE NUMBER: _____

POSITION HELD: _____ SUPERVISOR NAME: _____

EMPLOYED FROM: _____ TO: _____

WHAT WERE YOUR MAIN DUTIES AND RESPONSIBILITIES?

LOCATION/PROJECT: _____ REASONS FOR LEAVING: _____

Prepared By:	HWE Mining Human Resources Supervisor	Date:	30/09/08	Document Number:	FM-HR-010
Approved By:	HWE Mining Human Resources Manager	Date:	30/09/08	Date Implemented:	30/09/08
					Page 7 of 7