



AUSTRALIAN PRESSURE TESTING SERVICES

Registration of Interest in Employment

By completing this form you are confirming your registration of interest for employment with Australian Pressure Testing Services (“the company”).

Please read and ensure you understand the following before completing this form.

1. Complete all sections. Incomplete forms cannot be processed.
2. Attach copies of supporting documents, such as resume, licenses and certificates.
3. Submitting this form is not an offer of employment and does not guarantee employment at APTS.

SECTION 1: PERSONAL DETAILS

Mr Mrs Miss Ms
Last Name (Family Name):

Preferred Name:

First Name/s:

Date of Birth: / /

Usual Residential Address:
(Number & Street)

Please provide ALL your contact phone numbers and tick the number you most prefer to be contacted on.

Home Phone:

Mobile:

Work Phone:

Email:

Current Occupation:

Are you an Australian Resident?

YES NO

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

Have you previously been employed by APTS?

YES NO

If Yes, for how long? Years months
When

Have you ever worked in the construction mining industry?

YES NO

If Yes, for how long? Years months
When

Are you currently completing an apprenticeship?

YES NO

If Yes, for how long? Years months
When

Do you have a Construction certificate of competency (Blue Card)? (Please attach Copy)

YES NO

If Yes, in which States?

SECTION 2: POSITION SOUGHT

Please provide a brief outline on what type of work you would be interested in at APTS.



AUSTRALIAN PRESSURE TESTING SERVICES
Registration of Interest in Employment

SECTION 3: HIGHEST EDUCATION / TRADE QUALIFICATIONS

Highest Education or Trade Level Achieved:
(Attach copy of Certificate)

Year
Completed:

Name of organization where you completed
your trade qualifications or education:

SECTION 4: WORKSAFE CERTIFICATE OF COMPETENCY

Do you have a worksafe certificate of Competency?

YES NO

If Yes Please attach copy

Please List type and level of competency. (eg. Rigging, dogging / basic, intermediate or advanced etc):

SECTION 5: FIRST AID CERTIFICATE

Do you have a first aid certificate?

YES NO

If Yes Please attach copy

Expiry Date: / /

- Emergency first aid (Introductory First Aid)
- Basic workplace first aid (Worksafe level 1)
- Senior First Aid
- Workplace first aid (Worksafe level 2)
- Remote area first aid

- Occupational first aid (Worksafe level 3)
 - Industrial health care – ER/Emergency response (industrial ambulance care)
 - Industrial health care – PM/Paramedic (industrial paramedic)
 - Industrial health care – OER/Offshore emergency response
 - Industrial health care – OP/Offshore Paramedic
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SECTION 6: OTHER LICENCES / CERTIFICATES / QUALIFICATION / TRAINING

Please list all current licenses, certificates, qualification and training.

Other trade Qualifications? YES NO

Date Completed: / /

Certificate No:

Details:

(Please attach copy)

Mobile Plant Operation? YES NO

Date Completed: / /

Certificate No:

Details:

(Please attach copy)

Drivers License No:

(Please attach copy)

Expiry Date: / /

State Issued:

Classes:

(eg, A, B, C, K, L)

SECTION 7: LEADING HAND, SUPERVISORY OR LEADERSHIP ROLES

Please provide a brief summary of your experience in any of these roles and provide all relevant information



AUSTRALIAN PRESSURE TESTING SERVICES Registration of Interest in Employment

SECTION 8: EMPLOYMENT HISTORY

Please attaché a copy of your most current resume as well as completing the section below.

Beginning with your **current or most recent** employment, please provide details of the **last five years**, including any periods of unemployment

1. Company Name:	Position Held:
Name of Supervisor:	Phone No's:
Date/s of Employment: FROM / (month/year)	TO / (month/year)
Your Main Duties and Responsibilities?	

Location/Project:	Reason for Leaving:
2. Company Name:	Position Held:
Name of Supervisor:	Phone No's:
Date/s of Employment: FROM / (month/year)	TO / (month/year)
Your Main Duties and Responsibilities?	

Location/Project:	Reason for Leaving:
3. Company Name:	Position Held:
Name of Supervisor:	Phone No's:
Date/s of Employment: FROM / (month/year)	TO / (month/year)
Your Main Duties and Responsibilities?	

Location/Project:	Reason for Leaving:
4. Company Name:	Position Held:
Name of Supervisor:	Phone No's:
Date/s of Employment: FROM / (month/year)	TO / (month/year)
Your Main Duties and Responsibilities?	

Location/Project:	Reason for Leaving:
5. Company Name:	Position Held:
Name of Supervisor:	Phone No's:
Date/s of Employment: FROM / (month/year)	TO / (month/year)
Your Main Duties and Responsibilities?	

Location/Project:	Reason for Leaving:
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AUSTRALIAN PRESSURE TESTING SERVICES Registration of Interest in Employment

SECTION 9: EMPLOYMENT HISTORY (continued)

PREVIOUS EMPLOYMENT HISTORY (provide further information here if insufficient space above to cover the last 5 years)

Company Name	Position Held	Supervisor	Telephone No	Employment Dates (month/year)	Location or Project

IMPORTANT: We **will** contact any of your previous employers shown above for the purpose of confirming your employment details and determining your suitability for employment.

May we also contact your **CURRENT** employer? Yes No

SECTION 9: HEALTH

a) A previous worker's compensation claim is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete this section accurately.

The information provided in this section may be made available to an insurer in connection with any claim for workers compensation. A worker may not be eligible for compensation for an injury or disability in the workplace where it is proved that the worker made willful and false representations as not having previously sustained the injury or disability at the time of seeking or entering employment. Therefore, it is important that your answers are correct.

Have you ever made a claim for worker's compensation? YES NO (If YES, please provide details below)

Description of Injury or Disability	Date Occurred	Duration	Employer

b) A Disability, illness or condition is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete the following:

i) Do you have a disability, injury, illness or condition that may affect any aspect of your work performance or that may be aggravated or accelerated by the type of work that you are applying for?

YES NO

If you answered "YES" please provide details:

ii) Are you currently taking any prescribed medications? YES

NO

If you answered "YES" please provide details:



AUSTRALIAN PRESSURE TESTING SERVICES Registration of Interest in Employment

iii) Do you wear contact lenses?
 NO

YES

SECTION 10: FITNESS FOR WORK

It is important that you be medically fit to perform the duties associated with the occupation or positions you are applying for.

Do you agree to undergo a full pre-employment medical assessment (including drug and alcohol screen) at the company's expense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
As part of APTS drug and alcohol policy employees are required to participate in random drug and alcohol screening to ensure they are not impaired at work. Do you agree to participate in the screening?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Depending on the requirements of the work, some activities may be carried out in confined spaces. Is there any medical condition or other reason to prevent you working in confined spaces?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs whilst at APTS.	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 11: OTHER APTS REQUIREMENTS

APTS work involves construction and/or commissioning activities within operational areas and on project sites. It is therefore very important that you observe certain rules and requirements. **Are you prepared to:**

Comply with all APTS and/or clients safety rules and procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wear and use client security swipe and identification cards as required on some sites?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wear and use appropriate safety harness when working at heights?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comply with client site security requirements, including vehicle, baggage and personal searches?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you are a smoker, are you prepared to comply with APTS and client rules on smoking?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wear and use the correct personal protective equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Not carry or use personal mobile phones at the workplace unless authorized by APTS and/or Client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Agree to work outside normal working hours (overtime and weekends), if required to meet client time frames?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prepared to work outside normal hours with minimum prior notification, as far as reasonably able?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Agree to work shift work if required, subject to being medically fit to do so?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 12: APTS CODE OF CONDUCT

APTS has a code of conduct that all employees are required to work with in. This code is the minimum standard of behavior expected by all APTS team members (including management) and allows work colleagues to know what can be reliably expected of each other.

The code of conduct is a live document and is modified as required with consultation with all team members. The current code of conduct will be provided to you if you are invited to attend an interview.

Do you agree to be actively involved in the development and implementation of the APTS code of conduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you agree to abide by the APTS code of conduct at all times?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Registration of Interest in Employment

SECTION 13: DECLARATION

Before signing the declaration below, please read the following points and clarify anything that you are unsure of with APTS recruitment staff.

1. I certify that the information set out above in this form to the best of my knowledge, is true and accurate.
2. I understand that APTS reserves the right to verify all information. Any false statements will be sufficient to cause my rejections an applicant, my dismissal if hired, or termination of my agreement or contract.

I understand and agree to the terms above.

Signature: _____ Date: / /

Print Name: _____
