Registration of Interest in Employment

By completing this form you are confirming your registration of interest for employment with APTS.

1. Please complete all sections. Incomplete forms cannot be processed.
2. Attach copies of supporting documents, such as resume, licences and certificates.
3. Submitting this form is not an offer of employment and does not guarantee employment at APTS.
4. Email your application to hr@apts.com.au or post to APTS, 39 Success Way, Henderson WA 6166

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? If you are not an Australian Resident please attach details of the immigration visa which allows you to work in Australia	☐ YES ☐ NO
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 State/s?

SECTION 2: POSITON SOUGHT

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

Registration of Interest in Employment

SECTION 3: HIGHEST EDUCATION / TRADE QUALIFICATIONS

Highest Education or Trade Level Achieved: Year
(Attach copy of Certificate) Completed:
Name of organisation 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

SECTION 6: OTHER LICENCES / CERTIFICATES / QUALIFICATION / TRAINING

Please list all current licences, certificates, qualification and training

Other Trade Qualifications? ☐ YES ☐ NO Date Competed: / / Certificate No:
Details: (Please attach copy)

Mobile Plant Operation? ☐ YES ☐ NO Date Competed: / / Certificate No:
Details: (Please attach copy)

Drivers Licence No: Expiry Date: / / State Issued: Classes:
(Please attach copy) (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

Registration of Interest in Employment

SECTION 8: EMPLOYMENT HISTORY

Please attach 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 5 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:

Registration of Interest in Employment

EMPLOYMENT HISTORY (continued)

PREVIOUS EMPLOYMENT HISTORY Provide further information here if insufficient space above to cover the last 5 yrs

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 in the consideration of an application for employment. To assist is 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:

iii) Do you wear contact lenses? ☐ YES ☐ NO

Registration of Interest in Employment

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?	☐ YES ☐ 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?	☐ YES ☐ NO
Depending on the requirements of the work conducted, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you working at heights?	☐ YES ☐ NO
Depending on the requirements of the work conducted, some activities may be carried out in confined spaces. Is there any medical condition or other reason to prevent you working in confined spaces?	☐ YES ☐ NO
Do you agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs whilst employed by APTS.	☐ YES ☐ 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?	☐ YES ☐ NO
Wear and use client security swipe and identification cards as required on some sites?	☐ YES ☐ NO
Wear and use appropriate safety harness when working at heights?	☐ YES ☐ NO
Comply with client site security requirements, including vehicle, baggage and personal searches?	☐ YES ☐ NO
If you are a smoker, are you prepared to comply with APTS and client rules on smoking?	☐ YES ☐ NO
Wear and use the correct personal protective equipment?	☐ YES ☐ NO
Not carry or use personal mobile phones at the workplace unless authorised by APTS and/or client?	☐ YES ☐ NO
Agree to work outside normal working hours (o/time and weekends), if required to meet client time frames?	☐ YES ☐ NO
Are you prepared to work outside normal hours with minimum prior notification, as far as reasonably able?	☐ YES ☐ NO
Agree to work shift work if required, subject to being medically fit to do so?	☐ YES ☐ NO

SECTION 12: APTS CODE OF CONDUCT APTS has a code of conduct that all employees are required to work within. 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 the consultation of 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?	☐ YES ☐ NO
Do you agree to abide by the APTS code of conduct at all times?	☐ YES ☐ NO

SECTION 13: DECLARATION

Please read the following declaration carefully and ask for clarification if it is unclear before signing application.

1. I certify that the information I have completed in this form 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 application to be rejected or my dismissal if hired/contracted

I understand and agree to the terms above.

Signature:		Date: / /
Print Name:		