

Section 5: Position Sought

Please select **one** position from the list below.

Experience in the selected positionyearsmonths

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Administration Staff | <input type="checkbox"/> Crane Operator 220T+ | <input type="checkbox"/> Loader Operator | <input type="checkbox"/> Sheet Metal Worker |
| <input type="checkbox"/> Agitator Truck Driver | <input type="checkbox"/> Crane Operator 100T+ | <input type="checkbox"/> Mechanical Fitter | <input type="checkbox"/> Storeperson |
| <input type="checkbox"/> Auto Electrician | <input type="checkbox"/> Crane Operator up tp 100T | <input type="checkbox"/> Metal Trades AST | <input type="checkbox"/> Steel Fixer |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Dogger | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Backhoe Operator | <input type="checkbox"/> Driller Offsiders | <input type="checkbox"/> Pipe Fitter | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Boilermaker | <input type="checkbox"/> Drill Operator | <input type="checkbox"/> Pipe Layer | <input type="checkbox"/> Surveyor |
| <input type="checkbox"/> Bricklayer | <input type="checkbox"/> Dump Truck Driver | <input type="checkbox"/> Plumber | <input type="checkbox"/> Traffic Controller |
| <input type="checkbox"/> Bricklayer Apprentice | <input type="checkbox"/> Electrician | <input type="checkbox"/> Project Manager | <input type="checkbox"/> Truck Driver < 10T |
| <input type="checkbox"/> Bulldozer Operator | <input type="checkbox"/> Engineering | <input type="checkbox"/> Railway Worker 1 | <input type="checkbox"/> Truck Driver > 10T |
| <input type="checkbox"/> Cable Joiner | <input type="checkbox"/> Excavator Operator | <input type="checkbox"/> Railway Worker 2 | <input type="checkbox"/> Water Truck Driver |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Field Assistant | <input type="checkbox"/> Railway Worker 3 | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Carpenter Apprentice | <input type="checkbox"/> Foreperson | <input type="checkbox"/> Railway Worker 4 | <input type="checkbox"/> |
| <input type="checkbox"/> Catering Staff | <input type="checkbox"/> Grader Operator | <input type="checkbox"/> Railway Worker 5 | <input type="checkbox"/> |
| <input type="checkbox"/> Chef – Qualified | <input type="checkbox"/> HR Staff | <input type="checkbox"/> Rigger Advanced | <input type="checkbox"/> |
| <input type="checkbox"/> Cleaner | <input type="checkbox"/> Instrument Fitter (G1) | <input type="checkbox"/> Scaffholder | <input type="checkbox"/> |
| <input type="checkbox"/> Compactor Operator | <input type="checkbox"/> Instrument Fitter (G2) | <input type="checkbox"/> Scraper Operator | <input type="checkbox"/> |
| <input type="checkbox"/> Concrete Worker | <input type="checkbox"/> Laborer | <input type="checkbox"/> Security Guard | <input type="checkbox"/> |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Lagger | <input type="checkbox"/> Serviceperson | <input type="checkbox"/> |

Section 6: Certificates and Training

Mobile Plant Operation? YES NO Date Completed: ____/____/____ Certificate # (attach copy): _____

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Dozer Operator | <input type="checkbox"/> Dump Truck Operator | <input type="checkbox"/> Excavator Operator | <input type="checkbox"/> Front End Loader Operator |
| <input type="checkbox"/> Front End/ Backhoe Operator | <input type="checkbox"/> Grader Operator | <input type="checkbox"/> Roller Operator | <input type="checkbox"/> Scraper Operator |
| <input type="checkbox"/> Skid Steer Loader Operator | <input type="checkbox"/> Water Cart Operator | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Ensure to attach a clear photocopy.

Drivers License Number: Expiry Date: ____/____/____ State Issued:.....

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Car (C) | <input type="checkbox"/> Light Rigid (LR) | <input type="checkbox"/> Medium Rigid (MR) | <input type="checkbox"/> Heavy Rigid (HR) |
| <input type="checkbox"/> Heavy Combination (HC) | <input type="checkbox"/> Multi Combination (MC) | <input type="checkbox"/> Moped (RN) | <input type="checkbox"/> Motorcycle (R) / (R-E) |

NOTE: Ensure to attach a clear photocopy.

WA Blue Card? YES NO Date Issued: ____/____/____ Certificate # (attach copy): _____

NOTE: Ensure to attach a clear photocopy.

| License / Certificate | Date Issued / Expiry | Certificate Number |
|-----------------------|----------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: Ensure to attach a clear photocopy.

Section 7: Leading Hand, Supervisory or Leadership Roles

| |
|--|
| |
| |
| |
| |
| |
| |

Section 8.1: Employment History (Including current employment)

A **minimum of 5 years** employment history is required. A contactable supervisor **must** be listed for reference checking purposes. Include any time of unemployment and reasons for. If you were self employed please provide at least 2 customers/clients.

| | |
|---------------------------------|----------------------|
| Company Name: | Position Held: |
| Supervisor: | Phone Number: |
| Employment Dates: From: | To: |
| Main Duties / Responsibilities: | |
| Location/Project | Reasons for Leaving: |

Section 8.2: Employment History

| | |
|---------------------------------|----------------------|
| Company Name: | Position Held: |
| Supervisor: | Phone Number: |
| Employment Dates: From: | To: |
| Main Duties / Responsibilities: | |
| Location/Project | Reasons for Leaving: |

Section 8.3: Employment History

| | |
|---------------------------------|----------------------|
| Company Name: | Position Held: |
| Supervisor: | Phone Number: |
| Employment Dates: From: | To: |
| Main Duties / Responsibilities: | |
| Location/Project | Reasons for Leaving: |

Section 8.4: Employment History

| | |
|---------------------------------|----------------------|
| Company Name: | Position Held: |
| Supervisor: | Phone Number: |
| Employment Dates: From: | To: |
| Main Duties / Responsibilities: | |
| Location/Project | Reasons for Leaving: |

Section 8.5: Employment History

| | |
|---------------------------------|----------------------|
| Company Name: | Position Held: |
| Supervisor: | Phone Number: |
| Employment Dates: From: | To: |
| Main Duties / Responsibilities: | |
| Location/Project | Reasons for Leaving: |

Section 9: Health

A) A previous Workers' Compensation claims 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 sustained in the workplace where it is proved that the worker made willful or 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 had a claim for Worker's Compensation? YES NO , Please provide details below

| Description of Injury or Disability | Date Occurred | Duration | Employer |
|-------------------------------------|---------------|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

B) A disability, illness, injury 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.

- a. Do you have a disability, injury, illness nor condition that may affect any aspect of your work performance or that may aggravate or be accelerated by the type of work you are applying for? YES NO
- b. If you answered yes to the above, please provide details:

- c. Are you currently taking any prescribed medications? YES NO
- d. If you answered yes to the above, please provide details:

Section 10: Fitness for Work

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

| | Y | N |
|--|---|---|
| Do you agree to undergo a full pre employment medical assessment (including drug and alcohol screen) | | |
| Martins has a Fitness for Work policy which includes a Drug and Alcohol Testing Program. Do you agree to participate in this Program and be randomly tested whenever required? | | |
| 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? | | |
| 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 a confined space? | | |
| Do you agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs on the project? | | |

Section 11: Other Project Requirements

Roadtrim's projects involve construction activity within the construction and operational areas. It is therefore very important to observe certain rules and requirements. **Are you prepared to:**

| | Y | N |
|--|---|---|
| Comply with all Roadtrim's and our clients rules and procedures? | | |
| Wear and use the Project identification card to enter and leave the site? | | |
| Comply with all security requirements including vehicle, baggage and personal searches? | | |
| If you are a smoker, are you prepared to comply with all rules, which restrict smoking? | | |
| Wear and use the correct personal protective equipment at all times? | | |
| Not Carry or use any personal mobile phones unless authorized to do so? | | |
| Not carry or use any form of camera (including mobile phone cameras) unless authorized to do so? | | |
| Not use, carry or be in the possession of any weapons or firearms? | | |
| Agree to work shift work if required, subject to being medically fit to do so? | | |
| Agree to abide by Accommodation Camp Conditions of Occupancy? | | |

Section 12: Declaration

Before signing the declaration below, please read the following points and clarify anything that you are unsure of with this Company's Recruitment Staff:

1. If I am considered suitable for an interview, I understand that the information I have provided and subsequent confirmation of my work history by Roadtrim may be provided to our Client/s or their authorised service provider, for the purpose of verifying my suitability for employment in the proposed position on the Client's Project.
2. If I am offered and accept employment with Roadtrim, sensitive information about me such as medical details and results of drug and alcohol tests and pre-employment reference checks, as well as other information gathered during the course of my recruitment and employment including training & induction records may be provided to our client/s prior to mobilisation to site.
3. I understand that if I am offered and accept employment with Roadtrim, the information I have supplied may be provided to others during the course of my employment and used to manage matters relating to employment.
4. I understand that the information may also be used and disclosed by Roadtrim and our Clients for the purpose of verifying my suitability for employment for proposed positions in connection with other projects that may arise in the future and for managing matters in connection with my employment on other future projects.
5. I understand that the information may be held on a database and if I wish to, I understand that I have the right to access this information, if required. I can also request to correct, update or delete the information.
6. I certify that the information set out above in this form to the best of my knowledge, true and accurate.
7. I understand the Company reserves the right to verify all information and any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of my agreement or contract.

I understand and agree to the terms above:

Signature

Print Name

Date: ____/____/____

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

Please return this form to: Roadtrim Contracting Pty Ltd
By Mail: PO Box 2397, Midland WA 6936
By Fax: 08 9295 6549 (include cover sheet)
By Email: admin@roadtrim.com.au