

## REGISTRATION FORM

### PERSONAL INFORMATION

MR    MS    MRS   First Name:    Surname:   
 Address:   
 Suburb:    Postcode:   
 Email:    LinkedIn profile:   
 Telephone: (Home):  (Mobile):  (Other):   
 Nationality:

#### OPTIONAL:

Date of Birth:    Indigenous Australian?  Yes  No   Torres Strait Islander?  Yes  No

#### INTERNATIONAL CANDIDATES ONLY:

Country of Birth:    Type of Visa:   
 Have you provided a copy of your VISA details?  Yes  No

Do you have a current driver's license?  Yes  No   Driver's license number:

Do you have your own transport?  Yes  No   If **NO**, how will you get to and from work?

Licence Type:  L    P1    P2    Full    R    LR    MR    HR    HC    MC    Other:

**Truck License only:** Do you have experience loading and unloading?  Yes  No

How did you hear about Recruit Personnel?  Seek    Google    Facebook    Gum Tree    LinkedIn

Word of Mouth - Referred by     Website    Yellow Pages    Other:

Do you have any holidays/travel booked in the next 6 months?  Yes  No

If yes, please give details of dates unavailable:

**EDUCATION & QUALIFICATIONS - Please specify qualifications or certificates successfully attained after leaving school NOT demonstrated on Resume or any recent work-related professional, technical or occupational courses you have completed.**

QUALIFICATION/CERTIFICATE	INSTITUTION	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

	REFERENCE #1	REFERENCE #2
Name:	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>	<input type="text"/>
Company:	<input type="text"/>	<input type="text"/>
Phone (w):	<input type="text"/>	<input type="text"/>
Permission to contact:	<input type="text"/>	<input type="text"/>

- An employment placement service must not charge a job seeker a fee for the purpose of finding the job seeker employment;
- An employment placement service must not engage in misleading or deceptive conduct (such as advertising a position as being available when the Agency knows no such position exists or knowingly giving misleading information to a job seeker about the nature of a position); and
- If a job seeker believes that an employment placement service has acted inappropriately, the job seeker may contact the Department of Fair Trading for information on possible action that may be taken.

I agree that all information provided to Recruit Personnel including my resume is accurate. I have read and understand the Recruit Personnel Privacy Policy and agree to Recruit Personnel using the information I provide, including my resume, to assist me in finding employment.

Signed:    Date:

What is your notice period for work?  Immediate  1 week  2 weeks  1 month  Other: \_\_\_\_\_

Are you seeking opportunities in the White Collar or Blue Collar Industry?  White  Blue

**Please complete relevant sections below (please check)**

### White Collar Industry

**I am registering for opportunities as follows**

Temp only  Perm only  Temp or Perm

**I am experienced in the following sectors**

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Marketing           |
| <input type="checkbox"/> Accounts Payable     | <input type="checkbox"/> PA / EA             |
| <input type="checkbox"/> Accounts Receivable  | <input type="checkbox"/> Payroll             |
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Real Estate         |
| <input type="checkbox"/> Bookkeeping          | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Property Officer    |
| <input type="checkbox"/> Call Centre          | <input type="checkbox"/> Sales               |
| <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Reception           |
| <input type="checkbox"/> Drafting             | <input type="checkbox"/> Telemarketer        |
| <input type="checkbox"/> Engineering          | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Hospitality          | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Legal Secretary      | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Management Role      | <input type="checkbox"/> Other: _____        |
- Specify: \_\_\_\_\_

#### Specific Programs Used

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Access         | <input type="checkbox"/> PowerPoint   |
| <input type="checkbox"/> Attaché        | <input type="checkbox"/> Project      |
| <input type="checkbox"/> Auto CAD       | <input type="checkbox"/> Pronto       |
| <input type="checkbox"/> Business Craft | <input type="checkbox"/> Publisher    |
| <input type="checkbox"/> CRM systems    | <input type="checkbox"/> Pulse        |
| <input type="checkbox"/> Data Entry     | <input type="checkbox"/> QuickBooks   |
| <input type="checkbox"/> Dictaphone     | <input type="checkbox"/> SAP          |
| <input type="checkbox"/> Excel          | <input type="checkbox"/> Share Point  |
| <input type="checkbox"/> Illustrator    | <input type="checkbox"/> Touch Typist |
| <input type="checkbox"/> JD Edwards     | <input type="checkbox"/> Word         |
| <input type="checkbox"/> Lotus 123      | <input type="checkbox"/> Xero         |
| <input type="checkbox"/> MYMS           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MYOB           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Outlook        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Photoshop      | <input type="checkbox"/> Other: _____ |

### Blue Collar Industry

**I am registering for opportunities as follows**

Labour Hire only  Perm only  Labour Hire or Perm

**I am experienced in the following sectors**

- |  |   |
|--|---|
| <input type="checkbox"/> Boilermaker     | <input type="checkbox"/> Mechanic             |
| <input type="checkbox"/> Carpenter       | <input type="checkbox"/> Manufacturing        |
| <input type="checkbox"/> Civil Works     | <input type="checkbox"/> Mining               |
| <input type="checkbox"/> Cleaner         | <input type="checkbox"/> Plant Operator       |
| <input type="checkbox"/> Construction    | <input type="checkbox"/> Project Management   |
| <input type="checkbox"/> Crane Driver    | <input type="checkbox"/> Rail                 |
| <input type="checkbox"/> Electrician     | <input type="checkbox"/> Stores & Warehousing |
| <input type="checkbox"/> Engineering     | <input type="checkbox"/> Trades Assistant     |
| <input type="checkbox"/> Excavator       | <input type="checkbox"/> Traffic Control      |
| <input type="checkbox"/> Fabrication     | <input type="checkbox"/> Transport/Logistics  |
| <input type="checkbox"/> Fitter          | <input type="checkbox"/> Warehouse            |
| <input type="checkbox"/> Forklift Driver | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Labourer        | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Machinist       | <input type="checkbox"/> Other: _____         |

#### Licenses, Tickets, Experience, Inductions

- |  |  |
|--|--|
| <input type="checkbox"/> Advanced Rigging            | <input type="checkbox"/> Glencore (generic)  |
| <input type="checkbox"/> Back Hoe                    | <input type="checkbox"/> Pegasus Card        |
| <input type="checkbox"/> Confined Space              | <input type="checkbox"/> PWCS                |
| <input type="checkbox"/> Dangerous Goods             | <input type="checkbox"/> Rio Tinto (generic) |
| <input type="checkbox"/> Dogman Certification        | <input type="checkbox"/> RISI                |
| <input type="checkbox"/> Dump Truck Operations       | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Excavator                   | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Forklift Ticket             | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Front End Loader            | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Telehandler Operation       |  |
| <input type="checkbox"/> Traffic Control Red Card    |  |
| <input type="checkbox"/> Traffic Control Yellow Card |  |
| <input type="checkbox"/> White Card                  |  |
| <input type="checkbox"/> Working at Heights          |  |
| <input type="checkbox"/> BHP Billiton                |  |

**CONSULTANTS COMMENTS:**  1  2  3  4  5

**TESTING RESULTS WORD** \_\_\_\_\_

**TESTING RESULTS EXCEL** \_\_\_\_\_

TYPING SPEED: \_\_\_\_\_ @ \_\_\_\_\_ Accuracy

DATA ENTRY: \_\_\_\_\_ @ \_\_\_\_\_ Accuracy

**Recruit Personnel Induction Completed:**  Yes  No

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Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

----- MEDICAL IN CONFIDENCE -----

Full Name:

DOB:

It is important that we are made aware of any restrictions you may have due to your health and/or fitness. Recruit Personnel work to ensure that the physical and environmental demands of each job is compatible to you and do not want to place you in a position that may jeopardise your health. This assessment assists us in determining whether your current physical and health status is likely to be compromised by any job you may be placed on.

Do you have any work restrictions or injuries that need to be considered when placing you in a role?  Yes  No

If yes, please give details:

Please answer the following questions regarding your Medical Health History			Do you have any difficulty with the following activities?		
Have you ever had a work related injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Running 30 meters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever lodged a Worker Compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Walking in rough ground	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a sporting injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sitting or standing for two hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently being treated by a doctor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Turning your head rapidly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been hospitalized for any illness or had an operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Using hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused life insurance, disability insurance, employment or Military Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Concentrating for a length of time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any reason why you cannot wear safety or protective equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing a normal conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been tested positive in any workplace drug & alcohol screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Climbing a ladder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gripping firmly with either or both hands	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need to wear glasses for your normal work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repetitive movements of the head	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, do you have prescription safety glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Understanding English	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have or have you ever had any of the following?					
Lung problems / Asthma / Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stomach problems / Ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suffered Blood Pressure or Heart trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repetitive strain / Overuse injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fits or Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint Problems / Fractures or Arthritis / Rheumatism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back or neck problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time off work in the last year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blackouts or Persistent Headaches / Migraines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental or Nervous troubles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of hearing / ear infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered 'Yes' any of the above please provided details here**

1.
2.
3.

**For any past injury, work related or personal (sporting etc), provide details below**

Work related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Days off (if any):	<input type="text"/>	<input type="text"/>	<input type="text"/>

**I hereby declare that the information provided by me on this form is true and correct;**

Signed:

Date: