



REGISTRATION OF INTEREST IN MINING AND CIVIL EARTHWORKS

Welcome to CMC MINING & CIVIL EARTHWORKS PROJECT

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

1. This form is for you to register interest in employment with CMC Mining. Completing this form does not guarantee you a job
2. We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.
3. If you currently have any qualifications, we will need you to produce copies of the certificates at interview.

Thank you for your interest in our organisation

SECTION 1: PERSONAL INFORMATION

Mr Ms Mrs Miss

Surname:		First Name:	
Preferred Name:		Date of Birth: <i>dd/mm/yy</i>	
Usual Residential Address (number and street)			
Suburb:	State:	Country:	Post Code:
Work Ph:	Mobile Ph:	Home Ph:	
Email:			
Current Occupation:		Are you an Australian Resident?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If you are not an Australian resident you must show that you possess an immigration visa that allows you to work in Australia.</i>			
Are you of Aboriginal or Torres Straight Islander descent?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 2: EMERGENCY CONTACT INFORMATION 1

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer. The address must be their actual home address. A post office box is not acceptable.

Last Name:		First Name:		Relationship:	
Address:					
Suburb:	State:	Country:	Post Code:		
Work Ph:	Mobile Ph:	Home Ph:			

EMERGENCY CONTACT INFORMATION 2 (optional)

This person must be a next of kin who can be contacted in the event of an emergency. This person cannot be your employer. The address must be their actual home address. A post office box is not acceptable.

Last Name:		First Name:		Relationship:	
Address:					
Suburb:	State:	Country:	Post Code:		
Work Ph:	Mobile Ph:	Home Ph:			

SECTION 3: POSITION SOUGHT

We cannot guarantee that all of the positions sought will be available in the Joint Venture. Therefore please select 3 areas of interest from ill try to ensure you get one of your preferred selections.

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Emergency Response Officer | <input type="checkbox"/> Labourer | <input type="checkbox"/> Plumber | <input type="checkbox"/> Shot Firer |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Environmental | <input type="checkbox"/> Marine | <input type="checkbox"/> Public/Community Relations | <input type="checkbox"/> Station/Pastoral |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Field Assistant | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Store Person |
| <input type="checkbox"/> Cook/Kitchen Hand | <input type="checkbox"/> Fixed Plant Operator | <input type="checkbox"/> Metal Trades | <input type="checkbox"/> Rigger | <input type="checkbox"/> Surveyor |
| <input type="checkbox"/> Cleaner | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Mobile Plant Operator | <input type="checkbox"/> Safety | <input type="checkbox"/> Traffic Controller |
| <input type="checkbox"/> Crane Operator | <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Nurse /First Aid | <input type="checkbox"/> Scaffolder | <input type="checkbox"/> Training Advisor |
| <input type="checkbox"/> Drilling | | <input type="checkbox"/> Painter | <input type="checkbox"/> Security Guard | <input type="checkbox"/> Village Coordinator |
| <input type="checkbox"/> Electrical Trades | | | | <input type="checkbox"/> OTHER |

If you ticked OTHER, please provide details.

Experience in position selected: years months

SECTION 4: WORKSAFE CERTIFICATE OF COMPETENCY

Do you have a Work Safe Certificate of Competency? Yes No

SECTION 5: MEDICAL AND FIRST AID QUALIFICATIONS

Nursing

Are you a Registered Nurse (RN)? Yes No

Are you an Enrolled Nurse (EN)? Yes No

First Aid

Do you have a First Aid Certificate? Yes No

SECTION 6: WELDING QUALIFICATIONS

Do you have a welding qualification? Yes No Cert No: Expiry Date: State:

SECTION 7: WESTERN AUSTRALIAN ELECTRICAL LICENCE

Do you have a WA electrical licence? Yes No Cert/Ref No: Expiry Date: State:

SECTION 8: GAS FITTING LICENCE

Do you have a gas fitting licence? Yes No Cert/Ref No: Expiry Date: State:

SECTION 9: MOBILE PLANT OPERATION

Do you have Mobile Plant Operations Experience? Yes No

Select the relevant type below:

Mobile Plant Type

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

SECTION 10: OTHER LICENCES / CERTIFICATES / QUALIFICATIONS / TRAINING

Other Trade Qualifications? Yes No

Details:

SECTION 11: DRIVERS LICENCE INFORMATION

Drivers Licence	Cert/Ref number:	Expiry Date:	State Issued:
Class:	Description:	Class:	Description:
<input type="checkbox"/> C	Car	<input type="checkbox"/> HC	Heavy Combination
<input type="checkbox"/> C-A	Car with Automatic Transmission	<input type="checkbox"/> MC	Multi Combination
<input type="checkbox"/> LR	Light Rigid	<input type="checkbox"/> R-N	Moped
<input type="checkbox"/> MR	Medium Rigid	<input type="checkbox"/> R-E	Motorcycle (max 250cc)
<input type="checkbox"/> HR	Heavy Rigid	<input type="checkbox"/> R	Motorcycle
<input type="checkbox"/> HR-A	Heavy Rigid with Automatic transmission		

Defensive Driver Training Have you completed a Defensive Driving Course? Yes No
Cert/Ref No: **Date Issued:** **State:**

SECTION 12: HIGHEST EDUCATION/TRADE QUALIFICATION

Highest education or trade level achieved: _____ Year Completed: _____

Name of organisation: _____ State: _____

High School Other
 Trade Certification
 Diploma/Certificate

If ticked OTHER above, please provide details

SECTION 13: DANGEROUS GOODS AND EXPLOSIVES

Shotfirers Permit Yes No
 Do you have a valid WA Shotfirers Permit?
Cert/Ref No: **Date Issued:** **Expiry Date:** **State:**

Bulk Dangerous Goods Drivers Licence Yes No
 Do you have a valid Bulk Dangerous Goods Drivers Licence ?
Cert/Ref No: **Date Issued:** **Expiry Dat** **State**

Explosives Licence Yes No
 Do you have a valid Explosives Licence?
Cert/Ref No: **Date Issued:** **Expiry Date:** **State:**

SECTION 14: MARITIME SECURITY IDENTIFICATION CARD

A MSIC card is a mandatory requirement if access to the Wharf is required.

Do you hold a Maritime Security Identification Card? (The card must have been received for clearance to apply) Yes No
Cert/Ref No:
Date Issued:
Expiry Date:
State:

5. Company name: _____ Position held: _____

Name of Supervisor: _____ **Telephone number:** _____

Employment dates: FROM:/..... TO:/.....
(month) (year) (month) (year)

Your main duties and responsibilities? _____

Location/Joint Venture: _____ Reasons for leaving: _____

6. Company name: _____ Position held: _____

Name of Supervisor: _____ **Telephone number:** _____

Employment dates: FROM:/..... TO:/.....
(month) (year) (month) (year)

Your main duties and responsibilities? _____

Location/Joint Venture: _____ Reasons for leaving: _____

7. Company name: _____ Position held: _____

Name of Supervisor: _____ **Telephone number:** _____

Employment dates: FROM:/..... TO:/.....
(month) (year) (month) (year)

Your main duties and responsibilities? _____

Location/Joint Venture: _____ Reasons for leaving: _____

PREVIOUS EMPLOYMENT HISTORY (provide further history here if insufficient space above to cover the **last FIVE years**)

Company Name	Position Held	Supervisor Name	Telephone No.	Employment Dates (Month / Year)	Location or Joint Venture

SECTION 18: HEALTH

- A) A previous Workers' 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 sustained 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 or injury 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 you are applying for? YES NO

If you answered "YES" to the above, please provide details:

- C) Are you currently taking any prescribed medications? YES NO

If you answered "YES" to the above, please provide brief details:

- D) Do you wear contact lenses? YES NO

SECTION 19: FITNESS FOR WORK

It is important that we understand your fitness for work. Please answer the following questions.

Do you agree to undergo a full pre-employment medical assessment (including a drug and alcohol screen) at the Company's expense? YES NO

Part of the Alliance's Fitness for Work policy includes a Drug and Alcohol Program to help ensure employees are not impaired whilst at work. Do you agree to participate in this Program? YES 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? YES NO

Do you agree to not be in possession of, under the influence of, or consume, intoxicating liquor or drugs on the Alliance? YES NO

SECTION 20: OTHER REQUIREMENTS

The contract involves construction activity within mining lease boundaries and operational areas. It is therefore very important to observe certain rules and requirements. **Are you prepared to:**

Comply with all Company and Alliance safety rules and procedures including clean shaven policy? YES NO

Wear and use the security swipe and identification card to enter and leave the site? YES NO

Wear and use the appropriate safety harness when working at heights? YES NO

Comply with all security requirements including vehicle, baggage and personal searches? YES NO

If you are a smoker, are you prepared to comply with all rules, which restrict smoking? YES NO

Not carry or use any personal mobile phones at the workplace unless authorised by the Manager? YES NO

Not carry or use any form of camera (including mobile phone cameras) on the site? YES NO

Not use, carry or be in possession of any weapons or firearms on the site? YES NO

Agree to work shift work if required, subject to being medically fit to do so? YES NO

Comply with the cyclone tie-down procedure? YES NO

SECTION 21: 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. I certify that the information set out in this form to the best of my knowledge, true and accurate.
2. 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.

SIGNATURE

I,.....have read, understood and agree to the terms above.
(print name)

Signature

Date: dd/mm/yyyy

Thank you for completing this form and registering interest in our organisation. We appreciate your time and effort. Whilst this form is no guarantee of employment, we hope to speak with you soon.

Return this form to:

**HR Officer
CMC Port Hedland
Suite3/20 Wedge Street
PORT HEDLAND WA 6721**

**Fax: (08) 91734980
Email: helen@centralmining.com.au
Phone: (08) 91732999**