



EMPLOYMENT REGISTER OF INTEREST

QF-42-04
REV. A

QMS Reference: System Management Procedures - Control of Documents

Position/Classification: (If Relevant)	Lodgement No.
Location/Project: (If Relevant)	(Issued by Office)
Who where you referred by?: (ie: Friends Name / Which Newspaper)	
NB: This form is a registration of interest for employment opportunities within PRO RIG. Information provided will form part of the Company's personnel records required for successful applicants. You will be required to provide evidence of Licenses, Tickets and Permits.	

PERSONAL DATA & CONTACT INFORMATION

First Name:	Middle Name:	Last Name:
Street Address:	Suburb:	
State:	Post Code:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone:	Mobile:	Date of Birth:
Email:	(Required for Medical Purposes)	
Are you legally permitted to work in Australia/ NZ YES <input type="checkbox"/> NO <input type="checkbox"/>		Work Visa: Obtained <input type="checkbox"/> Pending <input type="checkbox"/> Not Needed <input type="checkbox"/>
Are you willing to travel on the job? YES <input type="checkbox"/> NO <input type="checkbox"/>		Within Australia <input type="checkbox"/> NZ <input type="checkbox"/> Further Abroad <input type="checkbox"/>

EMPLOYMENT

1. Name of Current/Last Employer:	May we contact your current Employer? YES/NO
Position Held:	Date Started:/...../.....
Main Duties:	Date Finished:/...../.....
Name of Supervisor / Referee:	Contact Telephone:
Reason for Leaving:	

QUALIFICATIONS AND EXPERIENCE

Industry Experience: (please tick any applicable)			
General Constructor <input type="checkbox"/>	Transmission Line Constructor <input type="checkbox"/>	Scaffolding <input type="checkbox"/>	
Telecommunications <input type="checkbox"/>	Distribution Line Constructor <input type="checkbox"/>	Electrical Live Line <input type="checkbox"/>	
Steel Fabricator <input type="checkbox"/>	Sub-Station or Power Station Work <input type="checkbox"/>	Forestry/Agriculture <input type="checkbox"/>	

If YES to any, please provide details: (ie Time Spent, Area Worked within Industry)

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Current Tickets & Licenses: ie Rigger, EWP, Mobile Crane, Lines Person etc (Successful Applicants must provide copies)

Type:	Class:	State Issued:	Date	Expiry
		Lic Number:	Achieved:/...../.....	Date:/...../.....
Type:	Class:	State Issued:	Date	Expiry
		Lic Number:	Achieved:/...../.....	Date:/...../.....
Type:	Class:	State Issued:	Date	Expiry
		Lic Number:	Achieved:/...../.....	Date:/...../.....
Type:	Class:	State Issued:	Date	Expiry
		Lic Number:	Achieved:/...../.....	Date:/...../.....
Type:	Class:	State Issued:	Date	Expiry
		Lic Number:	Achieved:/...../.....	Date:/...../.....

Drivers License Number:	Country/State:	Class:	Expiry Date:/...../.....
Drivers License Number:	Country/State:	Class:	Expiry Date:/...../.....

30215 QLD General Safety Induction General Safety Inductor NSW VIC WA SA ACT NT

First Aid Certificate Number:	Expiry Date:	First Aid Competency:
Other Tickets, Skills or Qualifications Worth Mentioning:		
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DECLARATION AND ACCEPTANCE OF CONDITIONS

I understand that by submitting this form, I am formally registering my interest with PRO RIG as a prospective employee. I understand that neither PRO RIG or myself are legally obliged to act or commit to any binding engagement at this time, however should the opportunity arise, further discussions or propositions may be fairly considered in the near or upcoming future. I declare that the information I have given is complete and correct.

Signed:	Date:/...../.....
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Please Note: Our Employment Application process will include a Medical Examination and Drug/Alcohol screening.

Office Use Only:

Date Received:/...../.....	Received By:	Stage 2 Empl. Application Initiated:
Response Letter Sent:/...../.....	Issued By:	