

Expression Of Interest– Registration Forms:

Completion of this form does not suggest that an offer of employment will be made to any candidate, nor does it guarantee the availability of any such work. This form is used by Industry Recruitment Solutions to properly assess your application for employment, and contact you should any suitable positions arise where your skills and experience meet the selection criteria.

YOUR CONTACT DETAILS:

1. Name:DOB:/...../.....

2. Address:

3. Suburb: Postcode:

4. Postal Address: Postcode:

5. Home Phone: 6. Mobile:

7. JSID #: Email Address :

8. Drivers Licence Number: Is Your Licence Valid?

9. Do You Have Your own Transport? YES / NO Class of Licence:

10. If No, How do you plan to get to work? (Supply detail below)

11. Are you willing to take Shift Work: YES / NO

If yes, circle your preference: DAY ARVO NIGHT

12. Are you interested in Fly In Fly Out roles? (FIFO) YES / NO

If Yes, what would be your preferred state: NSW VIC WA QLD SA NT TAS

13. Are you willing to undertake a Federal Police Check & Driving Record where required? YES / NO

14. Are you willing to undertake a Drug & Alcohol Assessment if required YES / NO

15. If considered for employment, when could you commence?

SUPERANNUATION FUND DETAILS:

Name of Fund / Organisation:

Account Reference Number:

Long Service Leave or Redundancy Package?

If you are unable to provide details of your own fund, IRS will make payments to a fund elected by them within 28 days of commencement.

BANK ACCOUNT DETAILS:

Name of Bank:

Account Name is Held In:

BSB:..... Account Number:

Email / Postal Address for payslips:

EMERGENCY CONTACT DETAILS:

Name: Relationship To You:

Address:

Phone Numbers:

PERSONAL PROTECTIVE EQUIPMENT:

PLEASE INDICATE IF YOU HAVE YOUR OWN SAFETY EQUIPMENT FROM THE FOLOWING:

Lace Up Steel Capped Boots	YES / NO	Hard Hat	YES / NO
Slip On Steel Capped Boots	YES / NO	Safety Glasses	YES / NO
High Visibility Reflective Clothing	YES / NO	Gloves	YES / NO
High Visibility Clothing	YES / NO	High Visibility Vest	YES / NO
Red Safety Locks	YES / NO		

**INDUSTRY RECRUITMENT SOLUTIONS
PRE-ASSIGNMENT MEDICAL ASSESSMENT**

PLEASE ANSWER THE FOLLOWING:	YES	NO	PLEASE INDICATE ANY DIFFICULTY WITH:	YES	NO
Have you ever had a work related injury or illness?			Running 100 Metres		
Have you ever lodged a worker's compensation claim?			Walking on Rough Ground		
Have you ever had a sporting injury?			Sitting or standing for two hours		
Are you currently being treated by a doctor?			Turning your head rapidly		
Have you been hospitalised for an injury or illness?			Using hand tools / or power tools		
Have you ever been refused life insurance, disability insurance, or military employment?			Concentrating for any length of time		
Is there any reason why you cannot wear PPE?			Hearing a normal conversation		
Ever tested positive to a workplace drug & alcohol assessment?			Reading ordinary print		
Are you taking medication?			Climbing a ladder or stairs		
Is there a family history of any medical conditions?			Crouching / twisting		
Do you need to wear glasses for your normal work?			Lifting or bending		
If so, do you have safety prescription glasses?			Gripping firmly with either or both hands		
Are you affected by claustrophobia? (Confined Spaces)			Repetitive movements of the arm		
Are you affected by vertigo? (Heights)			Repetitive movements of the head		
Are you on or ever received a disability pension			Understanding English		
Do you know your blood type?			Lifting 10 kgs or more		
DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING?					
Lung problems / asthma / bronchitis			Stomach problems / ulcers		
Suffered blood pressure or heart trouble			A hernia		
Repetitive strain / overuse injury			Fits or seizures		
Joint problems / fractures or arthritis / rheumatism			Allergies		
Back or neck problems			Any Medical or surgical conditions		
Skin disorders / dermatitis			Time off work in the last year for sick leave		
Blackouts / persistent headaches / migraines			Diabetes		
Mental or nervous troubles			Tuberculosis		
Loss of hearing / ear infections			Hepatitis / jaundice / liver trouble		
Problems Standing for any length of time.			HIV or any other blood disorder		

Please supply details of any points in which you indicated "YES" in the areas supplied below.

For all work related injuries, please indicate the nature of the injury, the employer, days off if any and if it is still an ongoing condition. You will be asked to supply a return to full working duty certificates issued by any treating doctor before you can start work with IRS should you have had any recent lost time injury or any injury that you may have had in the past.

1.	
2.	
3.	

Candidate Approval:

I, _____ declare that I have answered all the above medical assessment questions to the best of my knowledge. I understand that any false or misleading information may affect the type of work that is offered to me through IRS.

Candidate Signature:

IRS Representative Signature:

Candidate Name:.....

IRS Representative Name:

Date:

Date:



INDUSTRY RECRUITMENT SOLUTIONS
WORK HISTORY FORM

Please provide the contact information for at least two most recent work related referees below. If two names are from the same employer then you must supply another one from a second employer. Please be aware by providing this information you consent to Industry Recruitment Solutions Representatives contacting these referees for the purpose of a verbal reference check

Company Name: Ph: Location:

Supervisors Name : Supervisors Title:.....

Start Date: Finish Date:

Job Title:.....

Summary Of Duties:

.....

Reason For Leaving

.....

Company Name: Ph: Location:

Supervisors Name: Supervisors Title:.....

Start Date: Finish Date:

Job Title:.....

Summary Of Duties:

.....

Reason For Leaving

.....

Company Name: Ph: Location:

Supervisors Name: Supervisors Title:.....

Start Date: Finish Date:

Job Title:.....

Summary Of Duties:

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Reason For Leaving

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