

REGISTRATION FORM

OFFICE USE		
<input type="checkbox"/> Labour Hire	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Trainee
<input type="checkbox"/> SBT		

First Name _____ Last Name _____

Address _____ City/Town _____ Postcode _____

Phone _____ Mobile _____ Email _____

Date of Birth _____ Gender F M Do you identify as Aboriginal or Torres Strait Islander Y N

PARENT/GUARDIAN DETAILS (IF UNDER 18 YEARS OF AGE)

Name _____ Relationship _____ Phone _____

Are you an Australian Resident Y N *If no, answer following question* Do you hold a current work visa Y N

Availability Full time Part time Casual Temping Do you have access to reliable transportation Y N

Licences and Tickets (please check these are current and valid)

Drivers Licence C (unrestricted) C-A (automatic only) LR MR HR HC MC

Construction Induction Card Blue Card White Card

Other Chainsaw Crane Dogging/Rigging Elevated Work Platform Excavator First Aid Forklift Loader

Police Clearance RSA Skid Steer Traffic Controller Working at Heights Working with Children

Please specify any others _____

Computer Software Programs (qualified or competent use)

Microsoft Access Excel Outlook Powerpoint Publisher Word **Accounting** MYOB Quick Books

Please specify any others _____

Qualifications & Education

Qualifications/Certificates Completed _____

Highest level & year completed school e.g. Year 10, 2015 (if applying for apprenticeship or traineeship) _____

Name of High School _____

Employment Information (complete if not detailed on resume)

Recent employment history _____

References

Name _____ Company _____ Contact _____

Name _____ Company _____ Contact _____

Employment agencies registered with

APM Great Southern Personnel Max Employment Other _____

Medical and Health Questions

Smoking status Non-Smoker Smoker

Do you suffer from any of the following (these could impact your ability to be employed in some work situations)

Hearing Loss	<input type="checkbox"/> Y	<input type="checkbox"/> N	Epilepsy	<input type="checkbox"/> Y	<input type="checkbox"/> N
Aids, HIV, Hepatitis	<input type="checkbox"/> Y	<input type="checkbox"/> N	Heart Problems	<input type="checkbox"/> Y	<input type="checkbox"/> N
Allergies	<input type="checkbox"/> Y	<input type="checkbox"/> N	Back/Spinal Condition	<input type="checkbox"/> Y	<input type="checkbox"/> N
Colour Blindness	<input type="checkbox"/> Y	<input type="checkbox"/> N	Industrial Dermatitis	<input type="checkbox"/> Y	<input type="checkbox"/> N

If yes for any of the above, please provide details _____

Provide details of any other serious accidents, illness or major operations _____

Have you ever received compensation due to a work related injury? Y N *if yes, please provide details below*

Privacy Information

We collected personal information from you in accordance with the Australian Privacy Principles (APP's) in the Privacy Act 1988 and will only disclose your information in accordance with these Principles. We collect information (e.g. your name, address information in your resume or provided separately e.g. police clearance) in the course of our function and activities as a Group Training Organisation (GTO) a Registered Training Organisation (RTO) and a Recruitment and Labour Hire organisation, in order to provide you with the best possible service.

We use information that we hold about you for the primary purposes of delivering our services and if you choose not to provide the personal information that we ask for, or the information that you provide us is incomplete or inaccurate, it may mean that we are unable to provide our services including processing your enrolment or employment.

We may disclose some of your personal information to a number of organisations including but not limited to: Host Employers/Employers, your authorised representative or legal advisors, banks and government and statutory authorities. We do not disclose your personal information overseas.

You may access your personal information (subject to some exceptions allowed by law). For details and access to this information please use the contact details provided in our full Policy.

Our privacy policy contains information about how you may access your personal information held by us and seek the correction of such information and how we handle concerns or complaints about this Privacy Policy, or our handling of your personal information.

A copy of our full Privacy Policy is available on request or at www.atcworksmart.com.au

Acknowledgment and Consent

Your signature below (and your parent/guardian's signature if you are under 18) indicates your consent for the use and disclosure of your personal information for the purpose as indicated above.

I understand my details will remain 'active' for a period of 3 months, after which they may be made inactive and that if I have not been in contact within that time, I may be required to re-register.

Collective Agreement

I understand that if I accept an offer of casual employment as a labour hire employee with ATC WORK SMART I will be paid in accordance with the ATC WORK SMART Collective Agreement for casual employees. A copy of the Collective Agreement will be made available on request when an offer of employment is made.

Declaration

To the best of my knowledge, all information on this registration form is correct and complete. I declare that I am legally able to work in Australia, and understand that ATC WORK SMART reserves the right to verify all information on this application and that any false statements will be considered cause for my rejection as an applicant or my dismissal subject to investigation if hired.

I also understand if I am employed by ATC WORK SMART that under the Occupation Safety and Health Act 1984 and Regulations 1996 as amended I have a duty of care including but not limited to the following:

- To wear/use all personal safety clothing and equipment to safely perform any given task.
- To report any probable or possible hazards.
- To avoid hazards as far as practicable.
- To participate in on site inductions.
- To abide by all safe operating procedures.

Further, I am prepared to undertake a medical examination with a doctor nominated by your company and a pre-employment drug and alcohol screen, if required and participate in random drug and alcohol testing.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ *if under 18 years of age*

OFFICE USE

Comments _____

