



APPLICATION FOR REGISTRATION

Please submit with up-to-date Resume / C.V.

Applications without resume and relevant references will not be considered

PERSONAL DETAILS

FAMILY NAME:	SEX (PLEASE CIRCLE): MALE / FEMALE
GIVEN NAME/S:	DATE OF BIRTH: D / M / Y
Are you an Australian citizen? (PLEASE CIRCLE): YES / NO (If NO, please provide passport)	

CONTACT DETAILS

Residential Address:

 Contact phone number/s:
 MOBILE: LANDLINE: (.....)
 EMAIL ADDRESS: (only if you check it).....

Time staying in State: (PLEASE TICK):

<input type="checkbox"/> 1 Month	<input type="checkbox"/> 6 Months	<input type="checkbox"/> Permanent
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 12 Months	<input type="checkbox"/> Backpacker

Nationality (Optional)

<input type="checkbox"/> Australian Resident	<input type="checkbox"/> Other.....
<input type="checkbox"/> First language.....	<input type="checkbox"/> Secondary Language.....

WORK DETAILS

What industry/s have you worked in?:

(Please tick all appropriate industries)

<input type="checkbox"/> Administration <input type="checkbox"/> Receptionist <input type="checkbox"/> Personal Assistant <input type="checkbox"/> Human Resources <input type="checkbox"/> Executive Assistant <input type="checkbox"/> Data Entry	<input type="checkbox"/> Accounts <input type="checkbox"/> Data Entry <input type="checkbox"/> MYOB <input type="checkbox"/> Bookkeeping <input type="checkbox"/> QuickBooks
<input type="checkbox"/> Management	<input type="checkbox"/> Nursing <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/> Pediatric Nurse <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Phlebotomist
<input type="checkbox"/> Health Care <input type="checkbox"/> Personal Care Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> Child Care Worker <input type="checkbox"/> Criminal History Check	<input type="checkbox"/> Transport <input type="checkbox"/> Truck Driver
<input type="checkbox"/> Automotive <input type="checkbox"/> Mechanic <input type="checkbox"/> Diesel Mechanic <input type="checkbox"/> Parts Interpreter	<input type="checkbox"/> Labour <input type="checkbox"/> General Labouring <input type="checkbox"/> Trade Assistant
<input type="checkbox"/> Mining <input type="checkbox"/> Core sampling <input type="checkbox"/> Field Tech <input type="checkbox"/> Geologist <input type="checkbox"/> Drilling	<input type="checkbox"/> Retail / Wholesale <input type="checkbox"/> Shop Assistant <input type="checkbox"/> Warehouse <input type="checkbox"/> Customer Service <input type="checkbox"/> Store man <input type="checkbox"/> Factory Work
<input type="checkbox"/> Building / Construction <input type="checkbox"/> Concreter <input type="checkbox"/> Builder <input type="checkbox"/> Cabinet Maker <input type="checkbox"/> Metal Fabricator <input type="checkbox"/> Carpenter <input type="checkbox"/> Electrician <input type="checkbox"/> Plumber <input type="checkbox"/> Welder Arc / MIG / TIG	<input type="checkbox"/> Domestic / Industrial <input type="checkbox"/> Cleaning <input type="checkbox"/> Hospitality <input type="checkbox"/> Wait staff <input type="checkbox"/> Cook <input type="checkbox"/> Bar tending <input type="checkbox"/> Chef <input type="checkbox"/> Kitchen Hand

Trade Specific.....

Please Turn Over

LICENCES & TICKETS

VEHICLES AND MACHINERY

(Please tick all appropriate tickets - Must have proof)

NT / SA / WA / QLD / VIC / TAS / ACT / NSW

- "C" (Car) Own Car / Transport
- "LR" "MR"
- "HR" "HC"
- "MC" H Endorsement

WORK EQUIPMENT

please tick appropriate boxes

- Steel Cap Boots Hard Hat
- High Visual Vest Long Pants
- Long Sleeve Shirt Safety Goggles
- Ear Plugs Own Tools
- Water Bottle

OTHER LICENCES & TICKETS

(Please tick all appropriate tickets - Must have proof)

- White Card Traffic Management
- RSA Fork Lift
- RSG Working at Heights
- Confined Spaces Scaffolding
- Rigger / Dogger First Aid
- Roller/Grader Loader/Excavator
- Child Protection

Workers Compensation

Have you ever had a workers Comp claim:

- Yes No

Please Tick type of employment required:

- Full Time Casual
- Part Time All the Above

How Did You Hear About Our Business?

- Website Newspaper
- Yellow Pages TV
- Sign out front Flyer
- Word of Mouth Other

Availability

I am able to start:

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OFFICE USE ONLY

CONSULTANT.....

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Signature: Today's date: D...../M...../Y.....

Please enter a job seeker number if applicable and who you are registered with.

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