



# HF HAND CONSTRUCTORS PTY LTD

ABN 84 064 718 770

STEEL FABRICATION & ERECTION, STEEL STORAGE TANKS  
MINING & CONSTRUCTION SERVICES

## Registration of Interest in Employment

### SECTION 1: PERSONAL DETAILS

Mr  Mrs  Miss  Ms

LAST NAME (family name): \_\_\_\_\_

PREFERRED  
NAME:

FIRST NAME<sub>s</sub>: \_\_\_\_\_

DATE OF  
BIRTH: \_\_\_/\_\_\_/\_\_\_

USUAL RESIDENTIAL ADDRESS:  
NUMBER AND STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_

Please provide all your contact details and tick the number you most prefer to be contacted on.

HOME PHONE: \_\_\_\_\_  MOBILE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

ARE YOU AN AUSTRALIAN RESIDENT? YES  NO  If you are not an Australian Resident please attach details of the immigration visa that allows you to work in Australia.

### SECTION 2: CONSTRUCTION / PROJECT EXPERIENCE

Have you ever worked in the Steel Fabrication Industry?  YES  NO If YES, for how long? .....Years ..... Months

Are you Currently Employed?  YES  NO

Are you currently completing an Apprenticeship?  YES  NO If YES, what year of apprenticeship are you in? .....

### SECTION 3: POSITION SOUGHT

Experience in Position Selected

PLEASE CIRCLE **ONE** POSITION YOU ARE INTERESTED IN **FROM THE LIST BELOW** ..... Years ..... Months

BOILERMAKER  
CRANE OPERATOR UP TO 100T  
RIGGER ADVANCED (LICENCED)  
RIGGER INTERMEDIATE (LICENCED)  
MECHANICAL FITTER  
LABOURER  
METAL TRADES – APPRENTICE

WELDER  
SECOND CLASS WELDER  
PIPE FITTER

Please attach photocopies of supporting documentation such as licenses and certificates to this form. Do not attach originals.

### SECTION 4: HIGHEST EDUCATION / TRADE QUALIFICATION

HIGHEST EDUCATION or TRADE LEVEL ACHIEVED:  
(Attach copy of certificates)

YEAR  
COMPLETED:

NAME OF ORGANISATION WHERE YOU  
COMPLETED YOUR TRADE QUALIFICATION: \_\_\_\_\_ STATE: \_\_\_\_\_



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## SECTION 5: WORKSAFE CERTIFICATE OF COMPETENCY

Do you have a Construction certificate of Induction?  YES  NO

If YES, select your Work Safe level of qualification from the list below and provide certificate number:

(A copy of your certificate must be attached)

DOGGING

DG – Dogging

RIGGING

RB – Basic Rigging

RI – Intermediate Rigging

RA – Advanced Rigging

SCAFFOLDING

SB – Basic Scaffolding

SI – Intermediate Scaffolding

SA – Advanced Scaffolding

LOADSHIFTING (FORKLIFT)

LF – Forklift Truck Operation

LO – Order - Picking Forklift Truck

CRANE

CT – Tower Crane

CD – Derrick Crane Operation

CN – Non – Slewing Mobile Crane

CV – Vehicle Loading Crane Operation

C2 – Slewing Mobile Crane up to 20t

C6 – Slewing Mobile crane up to 60t

C1 – Slewing Mobile Crane up to 100t

C8 - Bridge and Gantry Crane Operation

CP – Portal Boom Crane Operation

ELEVATING WORK PLATFORM

WP – Boom – type Elevating Work Platform

## SECTION 6: FIRST AID CERTIFICATE

Do you have a First Aid Certificate?  Yes  No

Certificate Number:

(Attach Copy)

Expiry Date: \_\_\_\_\_

## SECTION 7: WELDING QUALIFICATIONS

Do you have a Welding Qualification?  Yes  No

Certificate Number/s:

(Attach Copy)

If 'YES', please indicate your current and lapsed codings including the process used and the state in which you gained certification

STICK ELECTRODES (S.M.A.W)

Structural  Pipe State Certified ..... Expiry Date ...../...../.....  Current  Lapsed

GAS SHEILD FLUX CORED (F.C.A.W)

Structural  Pipe State Certified ..... Expiry Date ...../...../.....  Current  Lapsed

SUB ARC WELDING (S.A.W)

Structural  Pipe State Certified ..... Expiry Date ...../...../.....  Current  Lapsed

TIG WELDING (G.T.A.W)

Structural  Pipe State Certified ..... Expiry Date ...../...../.....  Current  Lapsed



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## SECTION 8: OTHER LICENCES / CERTIFICATES / QULAIIFICATIONS/ TRAINING

Driver's License No.:  Expiry date: ...../...../..... State Issued .....  
(Attach Copy) Classes: \_\_\_\_\_

Details \_\_\_\_\_ Date Completed: ...../...../.....

Certificate Number:  (Attach Copy) Expiry date: ...../...../.....

Details \_\_\_\_\_ Date Completed: ...../...../.....

Certificate Number:  (Attach Copy) Expiry date: ...../...../.....

## SECTION 9: LEADING HAND, SUPERVISORY OR LEADERSHIP ROLES

If you have had experience in any of these roles please provide all relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 10: EMPLOYMENT HISTORY

Beginning with your **current or most recent** employment, please provide details of your Employment

1. Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone Number/s: \_\_\_\_\_  
Employment Dates: From - \_\_\_\_/\_\_\_\_/\_\_\_\_ To - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Your Main Duties and Responsibilities: \_\_\_\_\_  
Location: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone Number/s: \_\_\_\_\_  
Employment Dates: From - \_\_\_\_/\_\_\_\_/\_\_\_\_ To - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Your Main Duties and Responsibilities: \_\_\_\_\_  
Location: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone Number/s: \_\_\_\_\_  
Employment Dates: From - \_\_\_\_/\_\_\_\_/\_\_\_\_ To - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Your Main Duties and Responsibilities: \_\_\_\_\_  
Location: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**IMPORTANT:** We will contact any of your previous employers shown above for the purpose of confirming your employment details and determining your suitability for employment.

May we also contact your **CURRENT** employer?  YES  NO



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## SECTION 11: 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 worker's 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)

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:

1) 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 YES, please provide details)

2) Are you currently taking any prescribed medications?  Yes  No (If YES, please provide details)

3) Do you wear Contact Lenses?  Yes  No

## SECTION 12: FITNESS FOR WORK

**It is important that you be medically fit to perform the duties associated with the occupation or positions you are registering or applying for.**

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

Do you agree to participate in a drug and alcohol-testing program to help ensure employees are not impaired whilst at work?  Yes  No

Description of Injury or Disability	Date Occurred	Duration	Employer

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 from working at heights?  Yes  No

Depending on the requirements of the work, some activities may be carried out in confined spaces. Is there any medical condition or other reason to prevent you from working in confined spaces?  Yes  No

Do you agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs at the workshop or on site?  Yes  No



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## SECTION 13: OTHER REQUIREMENTS

**Some projects involve 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 project safety rules and procedures?  Yes  No
- Wear and use the appropriate safety harness when working at heights?  Yes  No
- Comply with all security requirements?  Yes  No
- If you are a smoker, are you prepared to comply with all project rules, which restrict smoking?  Yes  No
- Wear and use the correct personal protective equipment?  Yes  No
- Not carry or use any personal mobile phones at the workplace.  Yes  No
- Not use, carry, or be in the possession of any weapons or firearms at the workplace.  Yes  No
- Agree to work shift work, if required, subject to being medically fit to do so?  Yes  No

## SECTION 14: EMERGENCY CONTACT DETAILS

(These people must be a next of kin who can be contacted in the event of an emergency. These people cannot be your employer. The address must be their actual residential address. A post office box is not acceptable.)

### **EMERGENCY CONTACT NO. 1:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

THEIR RELATIONSHIP TO YOU: \_\_\_\_\_

USUAL RESIDENTIAL ADDRESS:

NUMBER AND STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_

Please provide all of your emergency contact's phone numbers and tick the number they can most likely be contacted on.

HOME PH: \_\_\_\_\_  WORK PH: \_\_\_\_\_  MOBILE: \_\_\_\_\_

### **EMERGENCY CONTACT NO. 2:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

THEIR RELATIONSHIP TO YOU: \_\_\_\_\_

USUAL RESIDENTIAL ADDRESS:

NUMBER AND STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_

Please provide all of your emergency contact's phone numbers and tick the number they can most likely be contacted on.

HOME PH: \_\_\_\_\_  WORK PH: \_\_\_\_\_  MOBILE: \_\_\_\_\_



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## **SECTION 15: DECLARATION**

Before signing the declaration below, please read the following points and clarify anything that you are unsure with this company's recruitment staff:

1. If I am considered suitable for an interview, I understand that the information I have provided and subsequent confirmation of my work history shall be provided to HF Hand Constructors for determining my suitability for employment opportunities.
2. If I am offered and accept employment, information will be provided to HF Hand Constructors about my mobilization, including that I have satisfactory met pre – employment checks, such as Fitness for Work medical and information gathered such as induction and training records and my demobilization details.
3. I understand that if I am offered and accept employment HF Hand Constructors may provide information to authorized service providers, engaged to manage matters relating to employment.
4. I understand that the information may also be used for confirming my suitability for employment opportunities in the future, as well as, managing matters in connection with my employment.
5. I understand that the information will be held on a database and if I wish to, I can contact HF Hand Constructors to request this information. I can also request to correct, update or delete the information.
6. I certify that the information set out above in this form to the best of my knowledge, is true and accurate.
7. I understand the company reserves the right to verify all information. Any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of my agreement or contract.

I understand and agree to the terms above:

Signature

Print Name

DATE: ...../...../.....

I (Name) \_\_\_\_\_ acknowledge receipt of the "Fair Work Information Statement" supplied by HF Hand Constructors Pty Ltd.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return this form to either:

### **KEMPSEY**

26-32 Akubra Place  
South Kempsey NSW 2440  
Ph 1300 HF HAND Fax 02 6562 7995

### **SANCROX – HEAD OFFICE**

Lot 3 Sancrox Road  
Sancrox NSW 2446  
Ph 1300 HF HAND Fax 02 6585 1330

### **SINGLETON**

Lot 76 Hedley Road  
Mt Thorley Industrial Estate NSW 2330  
Ph 02 6574 6228 Fax 02 6574 6229