



REGISTRATION OF INTEREST FOR EMPLOYMENT

Thank you for your registration of interest for employment with Global Resource Support!

For your registration to be considered, please complete the entire document in full as the information you provide will be used to evaluate your submission.

You must ensure that all sections of the form are completed in full, as the registration of interest will be deemed incomplete and will not be accepted. Note, that refer to resume is not acceptable.

Note that you **must** provide a **minimum of five (5) years** consecutive employment history. If you do not have a consecutive employment history, the gaps will need to be identified as; unemployment, home duties, study or travel. Your application will be deemed incomplete if this area is not completed correctly.

Please be aware that completing this registration of interest of employment is not an offer of employment nor does it guarantee employment within Global Resource Support. The registration of interest along with supporting documentation can be forwarded by email only to employment@globalresourcesupport.com

Title: Mr Mrs Ms Miss	First Name:	Middle Name:
Surname:		Date of Birth:
Usual Residential Address:		
Suburb:	State:	Post Code:
Home Phone #:	Mobile Phone #:	Work Phone #:
Email Address:		

Are you legally entitled to work in Australia without a VISA?	Yes No	<i>If not a resident, attach immigration Visa details</i>
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OCCUPATION INFORMATION

What is your current occupation?				
What is your usual occupation?				
What type of employment are you looking for?	Full-Time Perth Metro	Part-Time Perth Rural	Casual FIFO	Shutdown No Preference
What notice period do you need to provide?	1 Day	1 Week	1 Month	No Period

REGISTRATION OF INTEREST INFORMATION

Completion of the Registration of Interest for Employment form does not guarantee employment with Global Resource Support, nor does it constitute an offer of employment.

The information collected and retained as part of this document shall be dealt with and maintained in accordance with the Privacy Act 1988.

Submission Date:	
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EXPERIENCE

Have you worked for Global Resource Support before?	Yes	If yes, where:
Do you identify yourself as an Indigenous Australian?	Yes	No
Have you worked in the oil and gas industry before?	Yes	No If Months: _____ Years: _
If no, what has been the main industry of employment:		
How much FIFO experience do you have?	Months: _____	Years: _____ None: <input type="checkbox"/>
Do you have a Current Working at Heights Certificate?	Yes	No (attach)
Do you have a Current Confined Space Certificate?	Yes	No (attach)

Indicate your experience (including months and years) by selecting from the list below:-

Scaffolder (SA)	Months: _____	Years: _____	Scaffolder (SI)	Months: _____	Years: _____	Scaffolder (SB)	Months: _____	Years: _____
Rigger (RA)	Months: _____	Years: _____	Rigger (RI)	Months: _____	Years: _____	Rigger (RB)	Months: _____	Years: _____
Painter	Months: _____	Years: _____	Blaster	Months: _____	Years: _____	Fireproofing:	Months: _____	Years: _____
Trade Assistant	Months: _____	Years: _____	Forklift Driver	Months: _____	Years: _____	Dogger	Months: _____	Years: _____
Boilermaker	Months: _____	Years: _____	Carpenter	Months: _____	Years: _____	Plumber	Months: _____	Years: _____
Truck Driver	Months: _____	Years: _____	Leading Hand	Months: _____	Years: _____	Supervisor	Months: _____	Years: _____
Asbestos Removal	Months: _____	Years: _____	1 st Class Welder	Months: _____	Years: _____	Lagger:	Months: _____	Years: _____
Project Manager	Months: _____	Years: _____	Site Manager	Months: _____	Years: _____	Supervisor	Months: _____	Years: _____
Leading Hand	Months: _____	Years: _____	Estimator	Months: _____	Years: _____	Planner	Months: _____	Years: _____
Site Administrator	Months: _____	Years: _____	Administrator	Months: _____	Years: _____	Safety Advisor	Months: _____	Years: _____
Rope Access	Level: _____		Months: _____		Years: _____			
Other (specify)	Details: _____		Months: _____		Years: _____			

Do you hold a trade qualification:	Details: _____	
	Year completed: _____	Place completed: _____

CERTIFICATION OF COMPETENCY (A copy of supporting documentation *must* be attached).

Do you have a High Risk Work Licence?	Yes	No
	Number: _____	Issue Date: _____ Expiry Date: _____ State Issued: _____
Do you have a Worksafe Certificate of Competency?	Yes	No
	Number: _____	Issue Date: _____ Expiry Date: _____ State Issued: _____

Indicate your level of competency by selecting from the list below:-

SB	SI	SA	RB	RI	RA	DG	LF	LO	WP
HM	HP	CT	CD	CN	CV	C2	C6	C1	C0
CB	CP	BB	BI	BA	TO	ES	Other:		

Do you have a Drivers Licence?	Yes	No
	Number: _____	Expiry Date: _____ State Issued: _____

Registration of Interest for Employment

Indicate your level of competency by selecting from the list below:-

C	LR	MR	HR	HC	MC	R-N	R-E	R
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Do you hold an OHS Construction Induction Card?	Yes	No						
	Number: _____	Issue Date: _____	State Issued: _____					

Do you hold a Maritime Security Identification Card?	Yes	No						
	Number: _____	Expiry Date: _____						

Do you have a Mine Health Surveillance Card?	Yes	No	Number: _____	Expiry Date: _____				

EMPLOYMENT HISTORY

Please note that you **must** provide a **minimum of five (5) years** consecutive employment history. If you do not have consecutive employment history, the gaps will need to be identified as one of the following - unemployment, home duties, study or travel. Please understand that your application will be deemed incomplete if this area is not completed correctly and in full and it will therefore **not** be processed.

Note also, that we will contact your previous employers in an effort to confirm and verify the employment history you have provided. When providing the name of your supervisor as part of your employment history, please ensure that this individual had direct working contact with you. Note, that you must provide details of the supervisor or level above, leading hands as your supervisor is not acceptable.

Please commence your employment history with your **most current/last** employer.

Are we able to contact your current employer? Yes No

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
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Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Please attach additional pages if necessary to cover the 5 year required employment history.

HEALTH ASSESSMENT

WORKERS COMPENSATION

Please note that a previous workers compensation claim will not impede your application from being considered.

Have you ever submitted a worker's compensation claim?	Yes	No
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If yes:

Description	Date Occurred	How long were you off work?	Employer at the time

Has the worker's compensation claim been closed?	Yes	No
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If no; why:

INCOME PROTECTION

Please note that an income protection claim will not impede your application from being considered.

Have you ever submitted an income protection claim?	Yes	No
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If yes:

Description	Date Occurred	How long were you off work?	Employer at the time

Has the income protection claim been closed?	Yes	No
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If no; why:

Section 79 of the Workers' Compensation and Injury Management Act 1981 gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is found that the worker had, at the time of seeking or entering employment, wilfully and falsely represented himself/herself as not having previously suffered from the disability, the subject of the claim for compensation.

FITNESS FOR WORK

Do you have a disability, injury or illness which may restrict your performance?	Yes	No
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If yes, details:

Are you currently taking any type of prescription medication?	Yes	No
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If yes, details:

Are you allergic to anything?	Yes	No
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If yes, details:

Are there any ailments/conditions that we should be made aware of to ensure your safety and wellbeing, should you be employed?	Yes	No
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If yes, details:

COMPLIANCE REQUIREMENTS

United Industrial Solutions operate within a number of environments and it is imperative that certain rules and operational requirements are adhered to. Are you prepared to:-

Undergo a pre-employment medical assessment including, but not limited to a drug and alcohol screen, spirometry, audiometry and back examination?	Yes	No
Comply with all Global Resource Support Solutions and Client policies and procedures?	Yes	No
Comply with Global Resource Support and Client security requirements including vehicle, baggage, accommodation and personal searches?	Yes	No
Comply as necessary to Global Resource Support and its Client requirements for random alcohol and drug testing?	Yes	No
Wear and use identification as required by Global resource Support and its Client to enter and leave site(s)?	Yes	No
Comply with all rules which restrict smoking?	Yes	No
Wear and use the correct personal protective equipment at all times?	Yes	No
Commit to 100% falls prevention/hook-up at all times?	Yes	No
Not carry or use personal mobile phones unless authorised to do so?	Yes	No
Not carry or use any form of camera unless authorised to do so?	Yes	No
Not use, carry or be in possession of any weapons or firearms?	Yes	No
Agree to work shift work, if required?	Yes	No
Agree to work at heights, if required?	Yes	No
Agree to work in a confined space, if required?	Yes	No
Agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs whilst working?	Yes	No
Comply with any industrial instrument applicable to your employment?	Yes	No
Undergo a national police clearance check, if required?	Yes	No

DECLARATION

I certify that the information and statements supplied within this Registration of Interest for Employment by me are true and correct to the best of my knowledge and I understand that any false statements shall render my registration invalid and if employed, any falsification of this form may result in the termination of my employment.

In signing the Registration of Interest for Employment form, I provide my written and informed consent for my personal information to be utilised in the assessment of my suitability for employment.

I also certify that by completing this Registration of Interest for Employment form, I am not guaranteed a position within the Global Resource Support, nor does it constitute an offer of employment to me.

I also understand that the information collected and retained within the Global Resource Support group of companies in the recruitment process or otherwise obtained about a prospective employee shall be collected and maintained in accordance with the Privacy Act 1988.

Full Name:

Signature:

Date:

Please return this completed document by mail to:

Global Resource Support
 PO Box 2125
 Wangara DC
 WA 6947

Or via email:

employment@globalresourcesupport.com