

PERSONAL DETAILS

Last Name:		Title:	
First Name:		Birth Date:	
Address:		Suburb:	
		Postcode:	
Home Phone:		Mobile:	
Jobseeker ID:		Agency Details:	
Email:		* Please note by providing your email you are accepting that Pay Advice/ Payment Summary and all written letters will be sent by email as default, as part of our commitment to the environment and reducing waste.	

OPTIONAL: Do you identify as Aboriginal or Torres Strait Islander?

AUSTRALIAN WORK RIGHTS

Are you an Australian or New Zealand Citizen?		If yes, which one:
If no, are you an International Citizen with Permanent residency?		If yes, provide details:
If no, are you an International Citizen with a Visa?		If yes, provide details:

YOU MUST PROVIDE A COPY OF YOUR BIRTH CERTIFICATE OR PASSPORT TO PROGRESS YOUR APPLICATION.

*** As you may be aware, it is an offence under the Migration Act 1958 for a person to knowingly or recklessly allow an illegal worker to work or refer an illegal worker for work with another business. By completing this form and signing this registration, it will be taken as your authorisation to use the information provided to check your eligibility to work with the Department of Immigration.

BANKING/PAYROLL DETAILS

Account Name:		Bank Name:	
BSB:		Account No:	
Long Service Leave/Redundancy Company Name:		Member No:	

EMPLOYMENT REFERENCES

1. Reference Name:		Contact No:	
Company:		Relationship with Applicant:	
2. Reference Name:		Contact No:	
Company:		Relationship with Applicant:	
3. Reference Name:		Contact No:	
Company:		Relationship with Applicant:	

DISCLOSURE DECLARATION

Have you ever been charged, convicted by a court or dismissed from employment for an offence involving drugs, dishonesty and breach of trust, sexual harassment, violence, or any other Criminal offence?

CANDIDATE SIGN OFF

Please find following our Medical Declaration, a Superannuation Choice Form, our Employment Information Questionnaire and a Tax File Number Declaration Form which must be completed to progress your application.

The details provided here are true and correct at the time of registration. Please notify your Protech Consultant via written communication immediately should these change at any time during your employment with us. Please note: These registration details expire after 6 months, you may be requested to register again in the future.

Candidate Signature:		Date:	
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Please note: Completion of this form and receipt by Protech does not ensure that you will be offered employment with Protech.

MEDICAL INFORMATION CONCERNING RISKS AT WORK

People with certain medical conditions may be at risk of aggravating their conditions when working on certain sites or in certain roles. To help us identify those people and advise appropriate supervisors, you are asked to complete the brief questionnaire below. It will be reviewed and you will be advised of any specific precautions that you may need to observe during your employment. All information provided will be stored and controlled in line with Privacy Legislation.

MEDICAL DETAILS

Do you have physical or psychological condition that may affect your capacity to work?		If yes, explain:
Do you, or have you had difficulties or pain associated with manual handling tasks involving lifting or carrying weights or body movements?		If yes, explain:
Do you experience pain in any body part?		If yes, explain:

INJURY HISTORY

To assist Protech to perform a risk assessment for your safe job placement, you must provide details of all your significant/major injuries and medical conditions that you have experienced (particularly musculo-skeletal).

Date Injury Occurred	Detail the types of injuries you experienced	How long have you experienced the injuries?	When did you fully recover from this?

NEXT OF KIN CONTACT

Name:		Relationship:	
Emergency Home Ph:		Emergency Mobile:	

MEDICATION

Do you, or are you required to take prescription drugs/medication before or during any work hours.		Name:	Dosage:	Reason:
Have you been vaccinated against any industry specific diseases (ie Hepatitis A or B, Q-fever)?		If yes, explain:		

HEALTH CONDITIONS

Do you suffer from any types of allergies or respiratory conditions?		If yes, explain:		
Please indicate by ticking to the right if you experience/suffer from any of these conditions or ever have difficulties with certain conditions:				
Vision		Hearing		Walking/standing for extended periods
Pushing/Pulling Objects		Back injury / Pain problems		Lifting/carrying or moving weights
Working at any heights/Vertigo		Mild repetitive movements		Bending/twisting/turning
Literacy or Numerical basics		Substance Intolerance		Colour Blindness
Skin Disorders or Conditions		Respiratory Conditions		Pain Disorders
Blood Borne Diseases or Viruses		Shortness of Breath		Dizziness/Fainting
RSI/Carpal Tunnel		Stress/Anxiety/Attention Deficits		Physical Abilities
Use of your Shoulders/Arms/Wrists/Hands/Fingers/Knees/Ankles/Feet		Other conditions not stated		
If you have ticked any of the above – please give details:				

CANDIDATE MEDICAL DECLARATIONS

Do I require a Medical Management Plan to be established for anything declared above?	
If yes, please provide one from a Medical Practitioner or request a Form – Medical Restrictions Management Plan (F_0035) from your Protech Consultant to complete.	
I accept that I will be required to undertake an initial drug & alcohol test and further random ones once placed.	
I accept that under some circumstances I may have to undergo a pre-employment medical prior to placement with Protech.	
I accept that under certain circumstances, I may need to be vaccinated for certain industry specific diseases and/or viruses.	

SUPERANNUATION CHOICE FORM

SECTION A: EMPLOYEE TO COMPLETE

1. Choice of Superannuation Fund:

I request that all my future Super Contributions be paid to:

APRA Fund or Retirement Saving Fund I nominate (Sec 3 – Choice)		The Self Managed Super Fund I nominate (Sec 4 - SMSF)		The Super Fund nominated by my employer (Sec 5 - Default)	
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2. Your Details

(!) You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

Do you Authorise Protech to use your Tax File Number (TFN)?:

3. Nominating your APRA (Super) Fund or RSA –

(CHOICE)

Required documentation: you may need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information is needed for your employer to pay super.

Fund Name:		Fund ABN	
Fund Address 1:		Suburb:	
State:		Post Code	
		Phone	
Unique Superannuation Identifier (USI) <i>Formerly know as SPIN</i>			
Your Fund Member Number			

4. Nominating your Self-Managed Super Fund

(SMSF)

Required documentation: You may need to attach documentation confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your fund by searching using the ABN or Fund name in the Super Fund Look up service at <http://superfundlookup.gov.au>

Fund Name:		Fund ABN	
Fund Address 1:		Suburb:	
State:		Post Code	
		Phone	

If you are the trustee or a director of the corporate trustee, you can confirm that your self managed super fund will accept contributions, by making the following declaration:

I am the trustee, or a director of the corporate trustee of my self managed super fund and I declare that my SMSF will accept contributions from my employer

If you are NOT the trustee or a director of the corporate trustee, then you must attach a letter from the trustee confirming that your self managed super fund will accept contributions from your employer.

5. Employer Nominated Super Fund

(DEFAULT)

If the employee does not choose their own super fund, the employer is required to pay super contributions on their behalf to the fund nominated below:

Super Fund Name	The Universal Super Scheme (MLC Masterkey Business Super) – MLC Protech Default Super Plan				
Super USI (SPIN)	MLC 0430AU	Phone:	132 652	Super Website	www.mlc.com.au

6. Signature and Date

If you have nominated your own fund in sections 3 or 4, check you have attached all the required documentation & sign below.

Signature:		Date:	
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Form & Privacy Info:

The ATO does not collect this form, it is provided as a means for employees to identify and provide super information to their employer. An employee can get more information on their privacy rights by contacting their superannuation fund.

Experience Sheet
Select all that apply

Industry Experience							
Rail/Ship		Aviation		Packaging		Health Care	
Food		Pharmaceutical		Service		Construction	
Optical		Manufacturing		Heavy Engineering		Production	
Petro-Chemical		Civil		Mining		Automotive	
Stores/Logistics		Asphalt		Lift/Elevator		Commissioning	
Management		White Collar		Shutdown		FIFO- Mines	
Plant Installation		Factory Relocation					
Additional Skills or Comments:							
Fitting and Machining							
General Maintenance		Cylindrical Grinding		Pneumatics		Horizontal Boring	
Diesel Fitter		Vertical Boring		Pneumatic Drawings		Pipe Fitting	
Milling		Hydraulics		CNC Programming		High Speed Machinery	
Machine Building		Hydraulic Drawings		CNC Machining		Food Machinery	
Lathes		Surface Grinding		Isometric Drawings		Isometric Schematics	
Pumps		Boilerhouse		Fault Finding			
Additional Skills or Comments:							
Electrical							
Electrician Grade A/E		Leading Hand		Industrial Wiring		Switchboard/Panel Work	
Electrician Grade B		Foreperson		Equipment Installation		Lifts/Elevator Installation	
Electrical Fitter		Supervisor		High Voltage		Control Wiring	
Instrument Fitter		Domestic Wiring		Substation Maintenance		D.C Equipment	
Auto Electrician		Generator Sets		Rail Signalling		Rail Communications	
Fault Finding		Electronics		PLC Input/Output		PLC Programming	
Schematics		Hazardous Areas		CPR/LVR		PLC Knowledge	
Electrical Busbar Fitter		Facility Management		BMS Technician		Arctick Licence	
Industrial		Solar		Testing		Containment	
Permits		Project Manager		Cable Running		Air Conditioning	
CCTV Installation		Disconnect/Reconnect		Austel Licence		Terminations	
HVAC		Commercial		Estimator			
Additional Skills or Comments:							
Welding / Sheet Metal Work / Boilermaking							
BMW Trade Certificate		Welding Cert 1		Stainless Steel		Bending	
SMW Trade Certificate		Welding Cert 1E		Aluminium		Brake Press	
Leading Hand		Welding Cert 2		Mild Steel		Rolling	
Foreperson		Welding Cert 3		Carbon Steel		Boiler Repairs	
Supervisor		Welding Cert 3E		Carbon Alloy Steel		Marking Out	
Heavy Vehicle Building		Welding Cert 4		Copper Nickel		Light (Under 3mm)	
Rail Carriage Building		Welding Cert 5		Plastic		Cast Iron	
Locomotive Building		Welding Cert 6		Pipe		Oxy weld	
Sub Arc		Understand Weld Symbols		Welding Cert 7		Plate	
Flux Core		Site Install Boilermaker		Welding Cert 8		Structural Steel	
Arc Air Gouging		Maintenance Boilermaker		Welding Cert 9		Tig Weld	
Oxy Gouging		General Fabrication		Welding Cert 10		Plas Tec	
Plasma Arc Cutting		Production Welding		Poly Welding		NC Guillotine	
Oxy Cutting		FMCG Experience		Arc Weld		Mig Weld	
Profile Cutting		NC/CNC Press		Guillotine Operator		NC Punch	

Magic Eye Profile Cutting		Work From Drawings		Brazing		Laser Cutting	
Turret Punch		NC					
Additional Skills or Comments:							
General							
First Aid Level 1		Rigger- Basic		Dogman		Working at Heights	
First Aid Level 2		Rigger- Intermediate		Scaffolder		Confined Space Entry	
First Aid Level 3		Rigger - Advanced		Spotter Certificate		Rail Track Awareness	
Working with Children		OH&S Certificate		Construction Industry Card		OnSite Track Easy	
Additional Skills or Comments:							
Plant Operation Licenses							
Forklift		Front End Loader		Truck Licence- MR		Truck Licence- B Double	
LO Order Picker		SkidSteer		Truck Licence- HR		Crane Driver	
EWP		Excavator		Truck Licence - HA		Mobile Crane (list level)	
Boom Lift		Under 11m		Over 11 m		Tower Crane	
Non-Slewing Mobile Crane		Material Hoist					
Additional Skills or Comments:							
Stores Positions / Duties							
Load/Unload Trucks		High Reach		Pick/Pack		Receive Goods	
Cyclic Count		Stocktakes		Keyboarding		Computer Applications	
Stock Control		Inventory Management		Despatch		Freezer Work	
Additional Skills or Comments:							
Tool Making							
Press Tools		Injection Moulding Dies		Jig & Fixtures		Thread Turning	
Tool & Gauge Making							
Additional Skills or Comments:							
Motor Mechanic							
Diesel Truck/Car		Road Transport Equip		Waste Collection Vehicles		High performance Road	
Heavy Earth Moving		MTIA Road/Insp Ticket		Electronic Fuel Injection			
Additional Skills or Comments:							
Plumbing							
Industrial		Domestic		Construction		Roofing	
External		Purge		Copper		Stacks	
Mechanical		Sanitary		Refrigeration		Gas Fitting	
Drainage							
Additional Skills or Comments:							
Optical							
Multicoat		Fitting		Grind		Supply	
Mechanic							
Additional Skills or Comments:							

Civil							
Grader		Scraper		Dump Truck		Haul Truck	
Roller		Dozer		Bobcat/Skid Steer		Excavator	
Concreter		Pipelayer		Pipelayer TA		Labourer (concrete)	
RMS Project		Commercial Subdivision		Drainage		Bridges	
Final Trim		Formwork		Steelfixing		Traffic Control	
Front End Loader		Landscaping		Horticulture		Compactor	
Civil Labourer		Electrical Spotting		Traffic Management Ticket		Watercart	
GPS		Labourers with Rail Industry Cards (SARC, RIW)		VOC Certified – Construction Machine Operation			
Additional Skills or Comments:							
Asphalt							
Labourer		Rake and Shovel Hand		Steel Drum Roller Operator		Multi-wheel Roller Operator	
Paver Operator		Bitumen Sprayer Driver		Spray Seal Bar Operator		Traffic Management Ticket	
Shuttle Buggy Operator		Tractor Boom		Bob Cat Operator		Tipper Driver	
Level Hand (Screed)		Front End Loader		Landscaping		Horticulture	
Traffic Control Ticket (Labourer)		VOC Certified – Construction Machine Operation		Production/Labouring work experience		QA	
Additional Skills or Comments:							
Carpentry							
Framing		Formwork		Industrial		Domestic	
Fixing		Windows/Commercial		Fabricator		Cabinet Maker	
Additional Skills or Comments:							
Other Trade Related Skills							
Labourer (General)		Trades Asst (Mechanical)		Trades Asst (Electrical)		Stores	
Labourer (Construction)		Trades Asst (Welding)		Painting		Spray Painting	
RF Scanning		Warehousing					
Additional Skills or Comments:							
Design							
Hydraulics		Structural		Electrical		Mechanical	
Fire		Bridges		Traffic		Senior	
Intermediate		Associate		Principal		Director	
Acoustics		Graduate					
Additional Skills or Comments:							
Drafting							
Revit		Autocad		Microstation		Tekla	
STAAD		BIM		Modelling		CAD	
Additional Skills or Comments:							
Architectural							
Designer		Interior		Residential		Architect	
Luxury		Homes					
Additional Skills or Comments:							

Administration / White Collar							
Front Desk/Reception		Sales / Service		Personal Assistant		Customer Service	
Accounting		Call Centre		Accounts Payable		Payroll	
Team Management		Office Management		QA		Retail	
Data Entry*		Operations		Stock Control			
<i>*Please advise of Key Strokes per Hour (KS/H)</i>							
Additional Skills or Comments:							
Please list any other Skills or Qualifications that are held that are not listed above:							

