

**REGISTRATION OF INTEREST**

By completing this form, you are confirming your Registration of Interest for employment with BLH Engineering & Construction P/L Ltd ("The Company").

Please read and ensure you understand the following before completing this form.

- Complete all sections. Incomplete forms cannot be processed.**
- Attach photocopies of supporting documentation such as licences and certificates to this form. Do not attach originals. If you do not have copies with you when completing this form, your registration cannot be processed until you provide your copies.
- Submitting this form is not an offer of employment and does not guarantee employment.**
- We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.
- If you are being considered suitable for work with BLH, the information supplied on this form and our confirmation of your work history, shall be provided to our Client and their authorised service provider for the purpose of verifying your suitability of employment for the proposed position, and this information will be held on a database (see further details Sec 17).
- If you are offered and accept work, information will be provided to our Clients about mobilisation, work and demobilisation on the specific Sites, and may be used in relation to other Projects that may arise in the future.

Section 1. Personal Details

Title:	Surname:	First Names:
Address (Number & Street):		Date of Birth: ____/____/____
Suburb:	State:	Postcode:
☎ Home Ph: (____)	Work Ph: (____)	Mobile:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Email Address:	
Are you an Australian Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you are not an Australian Resident, please attach details of the immigration visa which allows you to work in Australia.		
Tax File Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Bank Details (Will only be used upon commencement of employment)		
Bank Name:	Branch:	Account Name:
BSB: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Account Number: (Max 9 digits)	
Superannuation Fund Name:	Membership Number:	
Your Nearest Major Airport-		
Other Airport-		

Section 2. Emergency Contact Details

NOTE: (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)

Relationship to you: (E.g. Mother, Father, Spouse, etc)		
Surname:	First Name/s:	
Usual Residential Address (Number & Street):		
Suburb:	State:	Postcode:
*Please provide all of your emergency contact's phone numbers and tick the number they can most likely be contacted on.		
☎ <input type="checkbox"/> Home Ph: (____)	<input type="checkbox"/> Work Ph: (____)	<input type="checkbox"/> Mobile:

Section 3. Mine/Processing/Construction/Site Experience

Have you ever worked in the Mineral Processing / Construction Industry? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, for how long?		
Have you ever worked on the Olympic Dam Site? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Please provide Site Access Number if known:		
In what Role?	When?	From ____/____/____ TO ____/____/____
Have you completed the Olympic Dam Site Induction?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, on what date? ____/____/____
Have you completed the Olympic Dam Smelter Induction?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, on what date? ____/____/____



REGISTRATION OF INTEREST

Have you ever worked on any BHP Billiton Site?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, Please provide Site Access Number if known:
In what Role?	When?	From ____/____/____ TO ____/____/____
Which Site?		

Section 4. Position Experience / Training / Trade Qualification (Please attach a copy)

Please select from the position list below.

Experience/Trades in the selected position/sYearsMonths

ADMINISTRATION		OTHER	
<input type="checkbox"/> Internet	<input type="checkbox"/> MS Power Point	<input type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Public Relations
<input type="checkbox"/> MS Access	<input type="checkbox"/> MS Project	<input type="checkbox"/> Assembly/Production	<input type="checkbox"/> Picker/Packer
<input type="checkbox"/> MS Office 2007	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> Cleaner	<input type="checkbox"/> Stock Control
<input type="checkbox"/> SAP	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Dangerous Goods Bulk	<input type="checkbox"/> Sentry
<input type="checkbox"/> MS Excel Basic	<input type="checkbox"/> MS Word 2007	<input type="checkbox"/> Form Work (Industrial)	<input type="checkbox"/> Sign Writer
<input type="checkbox"/> MS Excel Intermediate	<input type="checkbox"/> MYOB	<input type="checkbox"/> Factory Hand	<input type="checkbox"/> Storeman
<input type="checkbox"/> MS Excel Advanced	<input type="checkbox"/> Axiom	<input type="checkbox"/> Fencer	<input type="checkbox"/> Spray Painter
<input type="checkbox"/> MS Outlook		<input type="checkbox"/> Lagger	<input type="checkbox"/> Security Guard
<input type="checkbox"/> Other:		<input type="checkbox"/> Nurse	<input type="checkbox"/> Traffic Controller
		<input type="checkbox"/> Process Operator	<input type="checkbox"/> Transport and Logistics
BUILDING & CONSTRUCTION			
<input type="checkbox"/> Brick Layer	<input type="checkbox"/> Concrete Cutter	<input type="checkbox"/> Electrical Trade Assistant	
<input type="checkbox"/> Brick Labourer	<input type="checkbox"/> Concrete Labourer	<input type="checkbox"/> Paver	
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Cabinet Maker	<input type="checkbox"/> Plumber	
<input type="checkbox"/> Carpenter fit Out	<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Plasterer	
<input type="checkbox"/> Carpenter Form Work	<input type="checkbox"/> Electrician Auto	<input type="checkbox"/> Plumber	
<input type="checkbox"/> Concreter	<input type="checkbox"/> Electrical Apprentice	<input type="checkbox"/> Building & Construction Experience	
<input type="checkbox"/> Other:			
MECHANICAL / ENGINEERING			
<input type="checkbox"/> Boiler Maker (Apprentice)	<input type="checkbox"/> Fitter Electrical	<input type="checkbox"/> Machinist	<input type="checkbox"/> Welder TIG
<input type="checkbox"/> Boiler Maker	<input type="checkbox"/> Fitter Electrical (Apprentice)	<input type="checkbox"/> Metal Trades (Apprentice)	<input type="checkbox"/> Welder MIG
<input type="checkbox"/> Boiler Maker Welder (coded)	<input type="checkbox"/> Fitter Fixed Plant	<input type="checkbox"/> Motor Mechanic	<input type="checkbox"/> Welder ARC
<input type="checkbox"/> Cable Joiner	<input type="checkbox"/> Fitter Fixed Plant (Apprentice)	<input type="checkbox"/> Sand Blaster	<input type="checkbox"/> Welder STICK
<input type="checkbox"/> Engineering	<input type="checkbox"/> Fitter Gas	<input type="checkbox"/> Sheet Metal Worker	<input type="checkbox"/> Welder Poly
<input type="checkbox"/> Engineering civil	<input type="checkbox"/> Fitter Gas (Apprentice)	<input type="checkbox"/> Steel Fixer	<input type="checkbox"/> Welder Thermit
<input type="checkbox"/> Engineering Project	<input type="checkbox"/> Fitter Hydraulic	<input type="checkbox"/> Trades Assistant	<input type="checkbox"/> Welder Flux Core
<input type="checkbox"/> Engineering Management	<input type="checkbox"/> Fitter Hydraulic (Apprentice)	<input type="checkbox"/> Thermal Welder	<input type="checkbox"/> Welder Sheet Metal
<input type="checkbox"/> Engineering Mechanical	<input type="checkbox"/> Fitter Instrument	<input type="checkbox"/> Fitter Machinist (Apprentice)	<input type="checkbox"/> Welder Wire Feed
<input type="checkbox"/> Engineering Electrical	<input type="checkbox"/> Fitter Instrument (Apprentice)	<input type="checkbox"/> Fitter Pipe	<input type="checkbox"/> Welder Air Arc Gouge
<input type="checkbox"/> Fitter General	<input type="checkbox"/> Fitter Machinist	<input type="checkbox"/> Fitter Diesel	<input type="checkbox"/> Fitter (Apprentice)
<input type="checkbox"/> Fitter Diesel (Apprentice)	<input type="checkbox"/> Fitter Pipe (Apprentice)	<input type="checkbox"/> Welder Thermit	<input type="checkbox"/> Other:
<input type="checkbox"/> Please Indicate position you are interested in?			



REGISTRATION OF INTEREST

LEADING HAND, SUPERVISOR or LEADERSHIP ROLES		
<input type="checkbox"/> Certificate 3 Business	<input type="checkbox"/> Trainer/Instructor	<input type="checkbox"/> Other
<input type="checkbox"/> Certificate 4 Business	<input type="checkbox"/> Safety & Training Manager	
<input type="checkbox"/> Diploma Business	<input type="checkbox"/> Safety & Training Coordinator	
<input type="checkbox"/> Assessor/Assessment Officer	<input type="checkbox"/> OH&S Representative	
<input type="checkbox"/> Supervisor/Foreman	<input type="checkbox"/> Workplace Assessor	
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Manager	

**If you have had experience in any of these areas/roles please provide details:*

Section 5. Other Qualifications / Certificates / Training

<input type="checkbox"/> Dangerous Goods	<input type="checkbox"/> Contamination	<input type="checkbox"/> Fatigue Management	<input type="checkbox"/> Noise Suppression
<input type="checkbox"/> Certificate 2 OHS	<input type="checkbox"/> Certificate 3 OHS	<input type="checkbox"/> Certificate 4 OHS	<input type="checkbox"/> Diploma OHS
<input type="checkbox"/> White Card Construction	<input type="checkbox"/> Green Card	<input type="checkbox"/> Blue Card Construction	<input type="checkbox"/> Yellow Card

First Aid Certificate?

<input type="checkbox"/> CPR	<input type="checkbox"/> Occupational First Aid	<input type="checkbox"/> Workplace First Aid	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Senior First Aid
------------------------------	---	--	----------------------------------	----------------------------------	---

Section 6. Inductions (Please indicate if you have completed any of the following Inductions)

<input type="checkbox"/> AETV	<input type="checkbox"/> Alinta Instructed Person Level 2	<input type="checkbox"/> Hydro Instructed Person Level 2	<input type="checkbox"/> QLD Generic Mine Induction
<input type="checkbox"/> Apache	<input type="checkbox"/> Bell Bay Power	<input type="checkbox"/> J Boags & Son	<input type="checkbox"/> TIMI – (Tasmanian - Industry Mining Induction)
<input type="checkbox"/> Aurora Person in Charge	<input type="checkbox"/> BLH (Engineering & Construction) Company Induction	<input type="checkbox"/> Marcsta (Surface)	<input type="checkbox"/> Tassal
<input type="checkbox"/> Aurora Instructed Person	<input type="checkbox"/> Comalco	<input type="checkbox"/> Marcsta (Underground)	<input type="checkbox"/> Temco
<input type="checkbox"/> Aurora Instructed Person Level 2	<input type="checkbox"/> Fair Brother Induction	<input type="checkbox"/> Monodelphous	<input type="checkbox"/> United Group
<input type="checkbox"/> Alinta Person In Charge	<input type="checkbox"/> Hydro Person in Charge	<input type="checkbox"/> Nickel West Kalgoorlie	<input type="checkbox"/> Other
<input type="checkbox"/> Alinta Instructed Person	<input type="checkbox"/> Hydro Instructed Person	<input type="checkbox"/> People Works	<input type="checkbox"/> Other

Do you have a Work Safe Certificate of Competency? YES NO CERTIFICATE NUMBER: STATE:

A copy of your Certificate **MUST** be attached before this form can be processed

Section 7. Highest Education / Trade Qualification

Highest EDUCATION or TRADE level achieved: (Attach copy of Certificate/s)

Name of Organisation where you completed your Trade Qualification:

Section 8. Tickets/Licences/Mobile Plant

Please Indicate which Licences you hold (Attach copy of Certificate/s Licence/s)

SCAFFOLDER	RIGGING	DOGGING	HOISTS
<input type="checkbox"/> SB Basic Scaffolding	<input type="checkbox"/> RB Basic Rigging	<input type="checkbox"/> DG Dogging	<input type="checkbox"/> HM Material Hoist Operation
<input type="checkbox"/> SI Intermediate Scaffolding	<input type="checkbox"/> RI Intermediate Rigging		<input type="checkbox"/> HP Hoist Operation (Personnel & Materials)
<input type="checkbox"/> SA Advanced Scaffolding	<input type="checkbox"/> RA Advanced Rigging		<input type="checkbox"/> Other



REGISTRATION OF INTEREST

<u>ELEVATING WORK PLATFORM</u>		<u>PRESSURE EQUIPMENT</u>		<u>LOADSHIFTING (Forklift)</u>	
<input type="checkbox"/> WP Elevating Work Platform		<input type="checkbox"/> BB Basic Boiler Operation		<input type="checkbox"/> LF Forklift Truck Operation	
<input type="checkbox"/> SL Scissor Lift (Yellow Card)		<input type="checkbox"/> BI Intermediate Boiler Operation		<input type="checkbox"/> Picking – Forklift Order T125	
<input type="checkbox"/> Other		<input type="checkbox"/> BA Advanced Boiler Operation			
		<input type="checkbox"/> TO Turbine Operation			
<u>CRANE</u>					
<input type="checkbox"/> CT Tower Crane Operation			<input type="checkbox"/> C6 Slewing Mobile Crane Operation <60 tonne		
<input type="checkbox"/> CP Portable Boom Type Operation			<input type="checkbox"/> C1 Slewing Mobile Crane Operation < 100 tonne		
<input type="checkbox"/> CB Bridge and Gantry Crane Operation			<input type="checkbox"/> OHC Overhead Gantry Crane		
<input type="checkbox"/> CO Slewing Mobile Crane Operation > 100 tonne			<input type="checkbox"/> CV Vehicle Self Loading Crane		
<input type="checkbox"/> CN Non Slewing Mobile Crane Operation > 3 tonne			<input type="checkbox"/> CD Derrick Crane		
<input type="checkbox"/> C2 Slewing Mobile Crane Operation < 20 tonne			<input type="checkbox"/> Other		
<u>CONCRETE PLACING BOOM</u>					
<input type="checkbox"/> PB Concrete Placing Boom					
<u>MOBILE PLANT OPERATION</u> (NOTE: Ensure to attach a clear photocopy.)					
<input type="checkbox"/> FEL Front End Loader			<input type="checkbox"/> SK Skidsteer		
<input type="checkbox"/> FELB Front End Loader/Backhoe			<input type="checkbox"/> DZ Dozer		
<input type="checkbox"/> IT IT Backhoe			<input type="checkbox"/> CH Chainsaw		
<input type="checkbox"/> BH Backhoe			<input type="checkbox"/> LR Road Roller		
<input type="checkbox"/> EX Excavator			<input type="checkbox"/> 4WD Operate a light vehicle		
<input type="checkbox"/> Other					
<u>FIRE TRAINING</u>					
<input type="checkbox"/> Breathing Apparatus			<input type="checkbox"/> Emergency Response		
<input type="checkbox"/> Height Safety			<input type="checkbox"/> Fire Extinguisher		
<input type="checkbox"/> Confined Space			<input type="checkbox"/> Fire Safety		
<input type="checkbox"/> Fire Warden			<input type="checkbox"/> Fire Safety & Extinguishers		
<input type="checkbox"/> Safe Working at Heights			<input type="checkbox"/> Confined Space		
<input type="checkbox"/> Please Indicate Organisation in which you completed the above training;					
<input type="checkbox"/> Dangerous Goods		<input type="checkbox"/> Contamination		<input type="checkbox"/> Fatigue Management	
<input type="checkbox"/> Certificate 2 OHS		<input type="checkbox"/> Certificate 3 OHS		<input type="checkbox"/> Certificate 4 OHS	
				<input type="checkbox"/> Noise Suppression	
				<input type="checkbox"/> Diploma OHS	
Drivers Licence Number: Expiry Date: ____/____/____ State Issued:					
<input type="checkbox"/> Car (C)		<input type="checkbox"/> Light Rigid (LR)		<input type="checkbox"/> Medium Rigid (MR)	
<input type="checkbox"/> Heavy Rigid (HR)		<input type="checkbox"/> Moped (RN)		<input type="checkbox"/> Heavy Combination (HC)	
				<input type="checkbox"/> Multi Combination (MC)	
				<input type="checkbox"/> Motorcycle (R) / (R-E)	



REGISTRATION OF INTEREST

Section 9. Welding Qualifications

Do you have a welding qualification? YES [] NO [] Certificate Number/s: []

(Attach a copy)

If YES, please indicate you're current and lapsed coding including the process used and the state in Australia in which you gained certification.

[] ELECTRODES (S.M.A.W) [] Structural [] Pipe State Certified: [] Current Expiry Date: ___/___/___

[] GAS SHIELD - (F.C.A.W) [] Structural [] Pipe State Certified: [] Current Expiry Date: ___/___/___
FLUX CORED

[] SUB ARC WELDING (S.A.W) [] Structural [] Pipe State Certified: [] Current Expiry Date: ___/___/___

[] TIG WELDING (G.T.A.W) [] Structural [] Pipe State Certified: [] Current Expiry Date: ___/___/___

Section 10. Australian Electrical Licence

Do you have an Electrical Licence? YES [] NO [] Certificate Number/s: [] Expiry ___/___/___

(A copy of your certificate must be attached before this form can be completed)

[] A-Grade Licensed Electrician [] C-Grade Apprentice Electrician

[] Restricted Electrical Workers Licence [] Please provide issue State ;

Section 11. Gas Fitting Licence

Do you have a Gas Fitting Licence? YES [] NO [] Certificate Number/s: [] Expiry ___/___/___

(A copy of your certificate must be attached before this form can be completed) [] G-Class [] I-Class [] E-Class [] P-Class

Section 12. Employment History

Beginning with your current OR most recent employment, please provide details of the Last THREE years, including any periods of Employment.

(1) Company Name: Position/s Held:
Name of Supervisor: Ph number/s:
Employment Dates: FROM (Month) / (Year) TO (Month) / (Year)
Your main duties and responsibilities?
Location Site: Reason for leaving:

(2) Company Name: Position/s Held:
Name of Supervisor: Ph number/s: Continue ->
Employment Dates: FROM (Month) / (Year) TO (Month) / (Year)
Your main duties and responsibilities?
Location Site: Reason for leaving:



REGISTRATION OF INTEREST

(3) Company Name:		Position/s Held:	
Name of Supervisor:		Ph number/s:	
Employment Dates: FROM _____ / _____ / _____ TO _____ / _____ / _____			
(Month) (Year)		(Month) (Year)	
Your main duties and responsibilities? _____			
Location Site:		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

Section 13. Health	
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 <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "YES" to the above, please provide details of the disability, injury, illness or condition:	
2 Do you have any metal or surgical implants, stent tubes, including pacemakers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "YES" to the above, please provide details of the metal or surgical implant/s	
3 Do you wear contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4 Do you suffer from Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5 Do you have any special dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "YES" to the above, please provide details of your special dietary requirements	

Section 14. Clothing Size Requirements							
If you are offered employment, uniform and PPE issue will be advised and discussed within your letter of offer. For this reason please specify your clothing size requirements.							
COTTON DRILL OVERALLS - Overall size:							
<input type="checkbox"/> 67R	<input type="checkbox"/> 87R	<input type="checkbox"/> 94L	<input type="checkbox"/> 102R	<input type="checkbox"/> 107R	<input type="checkbox"/> 117S	<input type="checkbox"/> 122R	<input type="checkbox"/> 132S
<input type="checkbox"/> 72R	<input type="checkbox"/> 92S	<input type="checkbox"/> 97S	<input type="checkbox"/> 102S	<input type="checkbox"/> 112S	<input type="checkbox"/> 117R	<input type="checkbox"/> 127S	
<input type="checkbox"/> 87S	<input type="checkbox"/> 92R	<input type="checkbox"/> 97R	<input type="checkbox"/> 107S	<input type="checkbox"/> 112R	<input type="checkbox"/> 122S	<input type="checkbox"/> 127R	
PANTS – Pant Size							
<input type="checkbox"/> Size 72S	<input type="checkbox"/> Size 77L	<input type="checkbox"/> Size 87R	<input type="checkbox"/> Size 97S	<input type="checkbox"/> Size 102L	<input type="checkbox"/> Size 112R		
<input type="checkbox"/> Size 72R	<input type="checkbox"/> Size 82S	<input type="checkbox"/> Size 87L	<input type="checkbox"/> Size 97R	<input type="checkbox"/> Size 107S	<input type="checkbox"/> Size 112L		
<input type="checkbox"/> Size 72L	<input type="checkbox"/> Size 82R	<input type="checkbox"/> Size 92S	<input type="checkbox"/> Size 97L	<input type="checkbox"/> Size 107R			
<input type="checkbox"/> Size 77S	<input type="checkbox"/> Size 82L	<input type="checkbox"/> Size 92R	<input type="checkbox"/> Size 102S	<input type="checkbox"/> Size 107L			
<input type="checkbox"/> Size 77R	<input type="checkbox"/> Size 87S	<input type="checkbox"/> Size 92L	<input type="checkbox"/> Size 102R	<input type="checkbox"/> Size 112S			
BOOTS – Boot Size							
<input type="checkbox"/> Size 4	<input type="checkbox"/> Size 6.5	<input type="checkbox"/> Size 8	<input type="checkbox"/> Size 9.5	<input type="checkbox"/> Size 11	<input type="checkbox"/> Size 12.5		
<input type="checkbox"/> Size 5	<input type="checkbox"/> Size 7	<input type="checkbox"/> Size 8.5	<input type="checkbox"/> Size 10	<input type="checkbox"/> Size 11.5	<input type="checkbox"/> Size 13		
<input type="checkbox"/> Size 6	<input type="checkbox"/> Size 7.5	<input type="checkbox"/> Size 9	<input type="checkbox"/> Size 10.5	<input type="checkbox"/> Size 12	<input type="checkbox"/> Size 14		
SHIRTS – Shirt Size							
<input type="checkbox"/> M-Medium		<input type="checkbox"/> XL-Extra Large		<input type="checkbox"/> XXXL-3 Extra Large			
<input type="checkbox"/> L-Large		<input type="checkbox"/> XXL-2 Extra Large		<input type="checkbox"/> XXXXL-4 Extra Large			



REGISTRATION OF INTEREST

Section 15. How did you hear about us?

Please indicate from the below:

<input type="checkbox"/> Website Company	<input type="checkbox"/> Site Visit	<input type="checkbox"/> Client Referral	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Website Other	<input type="checkbox"/> Newspaper Advertising	<input type="checkbox"/> Candidate Referral	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Radio Advertising	<input type="checkbox"/> Other	

Section 16. 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 a full pre-employment medical assessment (Including a drug and alcohol screen) at your own expense? **Yes** **No**

*BLH includes Drug and Alcohol Testing, with all Sites Fitness for Work Policy's, including Drug and Alcohol Testing. Do you agree to participate in this program?

Yes **No**

*BLH includes Drug and Alcohol Testing, with all Sites Fitness for Work Policy's, including Drug and Alcohol Testing. Do you agree to participate in this program?

Yes **No**

*Depending on requirements of the work, some activities may be carried out in confined spaces. Is there any Medical condition or other reason to prevent you working in confined spaces?

Yes **No**

*Prior to commencement of employment, are you willing to undergo a National Criminal Record Check?

Yes **No**

*Do you agree to **NOT** be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs whilst be employed by BLH on any Site?

Yes **No**

Section 17. Site Requirements

Maintenance activity operates within areas on some sites. It is therefore very important to observe certain rules and requirements. Are you prepared to:

Comply with all Company and site Safety Rules and Procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wear and use any Site Identification card to enter or leave a Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comply with all security requirements including vehicle, baggage and personal searches?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are a smoker, are you prepared to comply with any site rules, which restrict smoking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wear and use the correct personal protective equipment at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comply with Clean Shaven Policy (critical for respirator use)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Not carry or use any form of camera (including mobile phone cameras) on any Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Not use, carry or be in possession of any weapons or firearms on a Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you agree to work shift work if required, subject to being medically fit to do so?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Agree to abide by Accommodation Camp Conditions of Occupancy, for any Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>



REGISTRATION OF INTEREST

Before signing the declaration below, please take the time to review your response and ensure all details are complete and correct.

Section 18. Declaration

Please read the following points and clarify anything that you are unsure of with the 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 by this Company, shall be provided to any Client for the purpose of verifying my suitability for employment of any proposed position if required.

2 If I am offered and accept employment with BLH, information may be provided to BLH Clients with regards to having satisfactory met pre-employment checks, such as fitness for work Medical, and information gathering during works, such as induction and training records and my mobilisation and demobilisation details.

3 I understand that if I am offered and accept employment on any site, the client may provide necessary information to authorised service providers, engaged to manage matters relating to employment.

4 I understand that the information may also be used and disclosed for the purpose of verifying my suitability for employment for proposed positions in connection with other projects that may arise in the future and for managing matters in connection with my employment on other future sites and Projects.

5 I understand that the information will be held on a data base and if I wish to, I can contact BLH Engineering and construction Pty Ltd, PO Box 141, Beaconsfield TAS 7270 to request this information. I can also request, correct, update or delete the information.

6 I certify that the information set out above in this form is to the best of my knowledge, true and accurate.

7 I understand the Company reserves the right to verify all information and 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 (Must be signed or Registration will not be accepted)

Print Name:

Date: ____/____/____

**If the Company wishes to proceed with my registration of interest in employment and proceed to the next stage of recruitment; I am available to commence work on:*

Date: ____/____/____

PLEASE NOTE: NO GUARANTEE OF EMPLOYMENT IS GIVEN BY COMPLETION OF THIS FORM.

Return this form to:

By Mail:

BLH Engineering and Construction Pty Ltd
PO Box 141
Beaconsfield, Tasmania 7270

Fax: _____
61 03 6383 4906

Email: _____
info@blhengineeringconstruction.com