

## SMP Engineering Application Pack Checklist

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

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

*Please provide correct and accurate information*

- |               |   |                          |
|---------------|---|--------------------------|
| <u>HRF 02</u> | Registration of Interest Form                           | <input type="checkbox"/> |
| <u>HSE 01</u> | Health Safety and Environment Policy (Read and Initial) | <input type="checkbox"/> |
| <u>HRF 01</u> | Human Resource Policy (Read and Initial)                | <input type="checkbox"/> |
| <u>QMF 01</u> | Quality Management Policy (Read and Initial)            | <input type="checkbox"/> |
| <u>HRF 13</u> | Code of Conduct Policy (Read and Initial)               | <input type="checkbox"/> |
| <u>HRF 14</u> | Confidentiality Agreement (Read and Initial)            | <input type="checkbox"/> |
| <u>HSE 04</u> | Drug and Alcohol Policy (2 Pages)                       | <input type="checkbox"/> |
| <u>HRF 07</u> | Pre Employment Reference Check (Contacts only)          | <input type="checkbox"/> |

*Please also provide the following information:*

- |  |                          |
|--|--------------------------|
| Copy of Drivers License                            | <input type="checkbox"/> |
| Copy of Trade Certificate (If Applicable)          | <input type="checkbox"/> |
| Copy of Relevant Tickets (CS, SWAH, Blue Card etc) | <input type="checkbox"/> |
| Tax Declaration Form                               | <input type="checkbox"/> |

## REGISTRATION OF INTEREST FORM

Section 1. Personal Details			
Surname		Given Names	
Date of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address			
Suburb		State	Postcode
Home Ph		Mobile	
Email			
Are you an Australia resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Are you an Aboriginal or Torres Strait Islander ( <i>Optional</i> ) Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If you are not an Australian Resident please attach details of your immigration visa.</i>			
Section 2. Emergency Contact Information ( <i>Must be based in Australia</i> )			
Last Name:		Given Name	Relationship
Address			
Suburb		State	Postcode
Work Ph		Mobile Ph	Home Ph
Section 3. Experience			
Do you have previous experience working in the mining industry? Yes <input type="checkbox"/> No <input type="checkbox"/> How Long? (Years)			
Do you have previous experience in the construction industry? Yes <input type="checkbox"/> No <input type="checkbox"/> How Long? (Years)			
Section 4. Position Sought (Qualification Based)			
<b>Please tick the boxes of the positions you are interested in below</b>			
<input type="checkbox"/> Boilermaker (1002)	<input type="checkbox"/> Engineering Electrical	<input type="checkbox"/> Project Scheduler (2008)	<input type="checkbox"/> Welder Pipe SS (3006)
<input type="checkbox"/> Boilermaker Welder (Coded)	<input type="checkbox"/> Fitter General	<input type="checkbox"/> Project Manager (2001)	<input type="checkbox"/> Welder Plate CS (3007)
<input type="checkbox"/> Carpenter (1003)	<input type="checkbox"/> Fitter Diesel	<input type="checkbox"/> QA/QC Manager (2005)	<input type="checkbox"/> Welder Plate SS (3007)
<input type="checkbox"/> Concreter	<input type="checkbox"/> Fitter Fixed Plant	<input type="checkbox"/> QA/QC Inspector	<input type="checkbox"/> Welder MIG
<input type="checkbox"/> Coded Welder (3002)	<input type="checkbox"/> Fitter Hydraulic	<input type="checkbox"/> Sheet Metal Worker	<input type="checkbox"/> Welder STICK
<input type="checkbox"/> Construction Manager (2002)	<input type="checkbox"/> Fitter Machinist	<input type="checkbox"/> Storeman	<input type="checkbox"/> Welder TIG
<input type="checkbox"/> Engineering Civil (1006)	<input type="checkbox"/> Fitter Pipe (3001)	<input type="checkbox"/> Supervisor (2004)	<input type="checkbox"/> Welder ARC
<input type="checkbox"/> Engineering Project (1007)	<input type="checkbox"/> Plumber (1004)	<input type="checkbox"/> Superintendent (2003)	<input type="checkbox"/> Welder POLY
<input type="checkbox"/> Engineering Management	<input type="checkbox"/> Process Operator	<input type="checkbox"/> Trade Assistant	<input type="checkbox"/> Welder Flux Core
<input type="checkbox"/> Engineering Mechanical (1005)	<input type="checkbox"/> Project Planner (2007)	<input type="checkbox"/> Welder Pipe CS (3005)	<input type="checkbox"/> Welder Wire Feed

Structural + Mechanical + Piping + Engineering

## Section 5. Position Sought (High Risk License Based)

<b>Do you have a High Risk Work Licence / WorkSafe Certificate</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cert/Ref Number		State	
Issue Date	Expiry Date		
If Yes, select your WorkSafe level of qualification from list below			
<b>Dogging</b>		<b>Crane</b>	
<input type="checkbox"/> DG- Dogging		<input type="checkbox"/> CT-Tower Crane Operation	
<b>Rigging</b>		<input type="checkbox"/> CD-Derrick Crane Operation	
<input type="checkbox"/> RB-Basic Rigging		<input type="checkbox"/> CN-Non-slewing Mobile Crane Operations (> than 3 tonne)	
<input type="checkbox"/> RI-Intermediate Rigging		<input type="checkbox"/> CV-Vehicle-loading Crane Operation (>or equal to 10 tonne)	
<input type="checkbox"/> RA-Advanced Rigging		<input type="checkbox"/> C2-Slewing Mobile Crane Operations (up to 20 tonne)	
<b>Scaffolding</b>		<input type="checkbox"/> C6-Slewing Mobile Crane Operations (up to 60 tonne)	
<input type="checkbox"/> SB-Basic Scaffolding		<input type="checkbox"/> C1-Slewing Mobile Crane Operations (up to 100 tonne)	
<input type="checkbox"/> SI-Intermediate Scaffolding		<input type="checkbox"/> C0-Slewing Mobile Crane Operations (> than 100 tonne)	
<input type="checkbox"/> SA-Advanced Scaffolding		<input type="checkbox"/> CB-Bridge and Gantry Crane Operation	
<b>Loadshifting (Forklift)</b>		<input type="checkbox"/> CP-Portal Boom Crane Operation	
<input type="checkbox"/> LF-Forklift Truck Operation		<b>Pressure Equipment (Boilermaker)</b>	
<input type="checkbox"/> LO-Order-picking Forklift Truck		<input type="checkbox"/> BB-Basic Boiler Maker	
<b>Concrete Placing Boom</b>		<input type="checkbox"/> BI-Intermediate Boiler Maker	
<input type="checkbox"/> PB-Concrete Placing Boom Operation		<input type="checkbox"/> BA-Advanced Boiler Operation	
<b>Hoists</b>		<input type="checkbox"/> TO-Turbine Operation	
<input type="checkbox"/> HM-Material Hoist Operation		<input type="checkbox"/> ES-Reciprocating Steam Engine Operation	
<input type="checkbox"/> HP-Hoist Operation		<b>Elevating Work Platform</b>	
		<input type="checkbox"/> WP –Boom-type Elevating Work Platform	

## Section 6. Medical and First Aid Qualifications

<b>Do you have a First Aid Certificate?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		Cert/Ref Number	Expiry Date	State
If yes – What is the name of your certificate?				
<input type="checkbox"/> Emergency First Aid (Introductory First Aid)		<input type="checkbox"/> Workplace First Aid (Worksafe Level 2)		
<input type="checkbox"/> Basic Workplace First Aid		<input type="checkbox"/> Remote Area First Aid		
<input type="checkbox"/> Senior First Aid		<input type="checkbox"/> Occupational First Aid (Workplace Level 3)		

Structural + Mechanical + Piping + Engineering

## Section 7. Welding Qualifications

**Do you have a welding qualification?** Yes  No   **Cert/Ref Number:**

If Yes, please indicate your current and lapsed codes including the process used and the State of Australia in which you gained certification

Stick Electrodes (SMAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date:	State Certified:
Gas Shielded Flux Cored (FCAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date	State Certified
Sub Arc Welding (SAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date	State Certified
TIG Welding (GTAW) <input type="checkbox"/> Structural <input type="checkbox"/> Pipe	Expiry Date	State Certified

## Section 8. Western Australian Electrical Licence

**Do you have a WA electrical licence?** Yes  No  Cert/Ref Number Expiry Date State

If Yes, select the relevant classification below (Please attach a copy of your certificate)

A Grade – Licenced Electrician  C Grade – Apprentice Electrician  Restricted Electrical Worker's Licence

## Section 9. Gas Fitting Licence

**Do you have a gas fitting licence?** Yes  No   Cert/Ref Number Expiry Date

(A copy of your certificate must be attached)

## Section 10. Other Licences/Certificates/Qualifications/Training

Other Qualifications? Yes  No   Cert/Ref Number Expiry Date

Details

## Section 11. Drivers Licence Information

Drivers Licence	Cert/Ref Number	Expiry Date	State
<input type="checkbox"/> C Car	<input type="checkbox"/> MR Medium Rigid	<input type="checkbox"/> HC Heavy Combination	<input type="checkbox"/> R-E Motorcycle (max 250cc)
<input type="checkbox"/> LR Light Rigid	<input type="checkbox"/> HR Heavy Rigid	<input type="checkbox"/> MC Multi Combination	<input type="checkbox"/> Motorcycle
Defensive Driver Training Have you completed a Defensive Driving Course?			<input type="checkbox"/> 2WD <input type="checkbox"/> 4WD
Cert/Ref Number:	Certifying Organisation:	Date Completed:	

## Section 12. Highest Education Achieved

Name of Organisation	Year Completed	State
<input type="checkbox"/> High School	<input type="checkbox"/> Trade Certification	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Diploma/Certificate	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> PHD

Structural + Mechanical + Piping + Engineering

## Section 13. Trade Qualifications, Degree and Diploma Information

### Mechanical Fabrication Engineering

Metal Machinist	Cert/Ref Number	Year Completed	State
Mechanical Fitter	Cert/Ref Number	Year Completed	State
General Mechanical Engineering	Cert/Ref Number	Year Completed	State
General Fabrication Engineering	Cert/Ref Number	Year Completed	State
Welder	Cert/Ref Number	Year Completed	State
Special Class Welder	Cert/Ref Number	Year Completed	State
Metal Fabricator	Cert/Ref Number	Year Completed	State
Sheet Metal Worker	Cert/Ref Number	Year Completed	State
Motor Mechanic	Cert/Ref Number	Year Completed	State

### Electrical

Electrician	Cert/Ref Number	Year Completed	State
-------------	-----------------	----------------	-------

### Construction

Carpenter	Cert/Ref Number	Year Completed	State
Plumber	Cert/Ref Number	Year Completed	State

### Engineering

Agricultural Engineer	Cert/Ref Number	Year Completed	State
Chemical Engineer	Cert/Ref Number	Year Completed	State
Civil Engineer	Cert/Ref Number	Year Completed	State
Draftsman	Cert/Ref Number	Year Completed	State
Electrical Engineer	Cert/Ref Number	Year Completed	State
Environmental Engineer	Cert/Ref Number	Year Completed	State
Industrial Engineer	Cert/Ref Number	Year Completed	State
Maintenance Planner	Cert/Ref Number	Year Completed	State
Materials Engineer	Cert/Ref Number	Year Completed	State
Mechanical Engineer	Cert/Ref Number	Year Completed	State
Petroleum Engineer	Cert/Ref Number	Year Completed	State

Structural + Mechanical + Piping + Engineering

## Section 14. Employment History

**Beginning with your most recent employment please provide details for the last 5 years.**

**IMPORTANT** We may contact your previous employers for the purpose of confirming your employment details, Can we contact your current employer? Yes  No

1. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving
2. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving
3. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving
4. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving

Structural + Mechanical + Piping + Engineering

5. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving
6. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving
7. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving
8. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving
9. Company Name	Position Held
Name of Supervisor	Telephone number
Employment Date From	To
Main Responsibilities	
Project/ Location	Reason for leaving

Structural + Mechanical + Piping + Engineering

## Section 15. Health (Lifestyle)

Height	CM's	Weight	KG's
Do you take any medication? If yes – please provide details below.			
Do you drink alcohol? If yes – Please state the number of standard glasses per day (on average)			
Do you smoke?	Yes <input type="checkbox"/>	# Cigarettes/day:	# Cigars/day:
	Stopped <input type="checkbox"/>	I smoked for	years and stopped on
	Never Smoked <input type="checkbox"/>		
What type of exercise do you do?			

## Section 16. Personal Health History

	Yes	No	If Yes give details
1. Do you have any physical disability?			
2. Is there any loss in the sight of either eye?			
3. Have you any hearing loss?			
4. Are you affected by climbing heights?			
5. Have you had back/neck trouble of any kind?			
6. Have you had any heart trouble or angina?			
7. Have you had any severe injuries or operations?			
8. Have you ever had any bone fractures or dislocations?			
9. Have you ever had any ankle or knee trouble of any kind?			
10. Have you ever had a ruptured hernia?			
11. Have you ever had any wrist or elbow trouble of any kind?			
12. Have you ever had any nervous trouble, epilepsy or fainting?			
13. Have you ever suffered from depression, or anxiety?			
14. Have you ever had any skin conditions (eg. dermatitis)?			
15. Have you ever had a repetitive strain injury?			
16. Have you ever had stomach ulcers, gall or kidney disorders?			

Structural + Mechanical + Piping + Engineering



	Yes	No	If Yes give details
17. Have you ever had whiplash from an accident?			
18. Do you have any allergies?			
19. Have you ever had Asthma, Tuberculosis or Pleurisy?			
20. Have you ever had Rheumatics or Arthritis of any form?			
21. Have you ever had Goitre or thyroid troubles?			
22. Have you ever had high blood pressure?			
23. Have you ever had kidney or bladder disease?			
24. Have you ever had cancer or tumour of any kind (including skin)?			
25. Have you ever had ear discharge, antrum or sinus trouble?			
26. Have you ever had persistent headaches?			
27. Have you ever had any other illness, breakdown or met with any injury that has not already been stated above?			
28. Have you had a Medical Examination done during last 12 months?			
29. From time to time, SMP Engineering will conduct Medical Examinations as a third party for our clients. Do you consent to SMP Engineering disclosing this information to our clients?			
29. Have you ever made a Workers Compensation Claim?			

Description of Injury or Disability	Date Occurred	Duration	Employer

## Section 17. Fitness for Work

It is important all employees are medically fit to perform the duties associated with the position you are applying for.

Do you agree to undergo a full pre-employment medical and physical assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any medical condition or other reason that may prevent you from working at heights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any medical condition or other reason that may prevent you from working in a confined space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you agree to not be in possession of, under the influence of, or consume intoxicating liquor or drugs whilst on any SMP Engineering project?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Structural + Mechanical + Piping + Engineering

## Section 18. Employee Payroll & Clothing Information

SMP Engineering employ a range of initiatives designed to minimise our impact on the environment. One of these initiatives is reducing the amount of paper we use by sending all pay slips via email. You can further help us by agreeing to receive other information from us via email rather than through the post.

Do you consent to receiving payment summaries via email? Yes  No

### Banking Details

Account Name						
Bank Name						
Branch				BSB Number		
Account No				Tax File #		
Account Type	Savings <input type="checkbox"/>	Cheque <input type="checkbox"/>		Other <input type="checkbox"/>		

### Superannuation Details

Scheme/Company						
Policy No.						

### Clothing Sizes

ITEM	Please circle correct size					Other Size
	Shirt Size	39/40	41/42	43/44	45/46	
Pants Size	82R	87R	92R	97R	102R	
Boots Size	8	9	10	11	12	

### Signature

I, [print name] acknowledge all the details are true and correct

Signature

Date

**PLEASE NOTE – No guarantee of employment is given by the completion of this form.**

Structural + Mechanical + Piping + Engineering