



PRE-EMPLOYMENT APPLICATION

Auscub Service Pty Ltd

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Applicant Details

First Name: _____ Last Name: _____
Gender: Male Female Date of Birth: _____/_____/_____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Mobile No: _____ Home Phone No: _____
Email address: _____
Position Applying For: _____

Please list the previous five years of work experience:

Company	Location	Years of Employment	Contact Name and Number

Provide reason for leaving previous employer: _____

If currently employed, what amount of notice are you required to give? _____

Have you ever been refused or removed from any mine site, construction site or workplace due to safety issues, drug or alcohol abuse, policy or procedure breaching? _____ YES / NO

If yes, please provide details: _____

Do you have any current mine inductions? _____ YES / NO

If yes, please provide details: _____

Are you prepared to work in remote locations? _____ YES / NO



Do you have a current WA Drivers Licence? _____ YES / NO

Do you have any physical disability? _____ YES / NO

If yes please provide details: _____

Have you ever made a Workers Compensation Claim? _____ YES / NO

If yes, please provide details: _____

Are you suffering from any physical or mental condition, which could limit your performance in the job you are applying for? If yes, please provide details: _____ YES / NO

Are you a member of a union? _____ YES / NO

Please list all courses and certificates completed relevant to the position you are applying for?

Certificate	Number	Date Completed	Expiry Date

Please list references:

Name	Phone Number	Company



When submitting your application, the following documents are to be attached.

- Completed job application
- Trade papers (if applicable)
- Motor Vehicle Licence
- High Risk Licence
- Any other Certificates held
- National Police Clearance (NPC) no older than 6 months.
- Mine Medical no older than 3 months.
Must include;
 - Musculoskeletal assessment
 - Cardiovascular/aerobic fitness assessment
 - Spirometry
 - Audiometry
 - Drug & Alcohol Screen (DAS) (laboratory tested) no older than 7 days.

Note: It is the responsibility of the applicant to supply the initial Mine Medical & DAS. If unfinancial, please discuss with Auscub.



Health Assessment & Travel Declaration

Employee/Contractor/Visitor

First Name: _____ Last Name: _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile No: _____ Home Phone No: _____

Email address: _____

Have you visited/transited through any overseas countries or interstate in the past 14 days? <i>Details (including travel dates, ports and countries/states) _____</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been in contact with any persons with suspected or confirmed cases of Coronavirus in the past 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have any persons in your normal place of residence (home/hotel/accommodation) while offsite been place in mandatory quarantine in the past 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you experienced any gastrointestinal issues in the past 14 days? <i>NB. Including diarrhoea unrelated to any other existing medical condition</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any flu like symptoms such as: fever, sore throat, cough, fatigue, shortness of breath?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DECLARATION AND CONSENT

I hereby give my consent for the information collected in this document to be released to Auscub Service and associated businesses where works are performed by our staff.

I confirm that, I understand and agree that:

Medical and personal information (including any sensitive personal information) released to Auscub Service will be treated as confidential and used only for the purposes of implementing Auscub Service's requirements with respect to site/office access and self-quarantine in accordance with its COVID-19 management plans in place from time to time, and otherwise for determining fitness for work.

I certify that all the above information is accurate and correct and that to the best of my knowledge I am fit to travel and work and do not have any contagious disease that could directly place another person at risk.

(For workshop, office, site-based personnel/contractors/visitors) I understand that should I display flu-like symptoms while on site, I will be required to report to the Supervisor/Management immediately and may be required to self-quarantine in accordance with Auscub Service's requirements from time to time.

Any changes in personal health and or travel circumstances, will require a revised declaration to be submitted.

Employees Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY This declaration and assessment has been verified by:			
Full Name:		Signature:	
Position:		Date:	