

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 1 of 9

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

- Complete all sections. Incomplete forms cannot be processed and may lead to you not being considered.
- Attach photocopies of supporting documentation such as licenses and tickets to this form.
- Submitting this form is not an offer of employment and does not guarantee your employment with Aurenne Mining.
- By completing this application form, you agree to Aurenne collecting, using, and disclosing your personal information to relevant people in relation to your appropriateness for the job, in accordance with the Privacy Act 1988. Knowingly providing incorrect information on this form is classed as serious misconduct.

Personal Information

Title: <input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
Surname:		First Name:	
Address:			
Suburb:		State:	Postcode:
Email:		Date of Birth:	
Home Ph:		Mobile number:	
Aboriginal/Torres Strait Islander Descent (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Contact Details

Contact Name:		Relationship:	
Home Ph/mobile number			
Address:			
Contact Name:		Relationship:	
Home Ph/mobile number			
Address:			

PROOF OF RIGHT TO WORK IN AUSTRALIA (At least one of the below must be completed)
Please advise which of the following you hold:

Are you legally entitled to work in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Currently in the process of obtaining a work/permanent residency visa for Australia <input type="checkbox"/> Work visa sponsorship required?	
<input type="checkbox"/> Australian Passport	<input type="checkbox"/> Australian Birth Cert.	<input type="checkbox"/> Australian Citizenship Certificate & Photo ID:	<input type="checkbox"/> NZ Passport & Photo ID:
<input type="checkbox"/> Foreign Passport with Permanent Residency Visa	Please enter your visa expiry date __/__/__	<input type="checkbox"/> Foreign Passport with Visa to work in Australia	Please enter your visa expiry date __/__/__

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 2 of 9

Qualifications

Year Completed	Qualification Title:	Institution/Training Provider	Memberships

Work History – beginning with your most recent employment, please provide last 3 years

Employer Name		Position Held	
Supervisors Name		Supervisor contact number	
Employment from		Employment to	
Last base salary/wage	\$	Notice period?	
Reason for leaving		May we contact this employer?	

Employer Name		Position Held	
Supervisors Name		Supervisor contact number	
Employment from		Employment to	
Reason for leaving		May we contact this employer?	

Employer Name		Position Held	
Supervisors Name		Supervisor contact number	
Employment from		Employment to	
Reason for leaving		May we contact this employer?	

Other Information and min requirements

Have you worked/know anyone currently employed at Aurene?	
If yes to above, please disclose who and in what capacity?	
When will you be available to start work?	
Do you have any secondary employment? If so please provide details.	

All prospective employees of Aurene are required to present a satisfactory criminal and relevant history screening assessment prior to commencement of employment. This requirement applies to all ongoing/permanent, temporary and casual roles

Will you be able to provide National Police Clearance, that is less than 12 months old.	Yes No
---	----------------------

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 3 of 9

Have you ever been convicted of a crime in the last 10 years or pending conviction? If so please give details	Yes	No
Do you hold a manual driver's license? If so what other class?		
Are you fully vaccinated? (Covid 19 vaccination status)	Yes	No
Please provide any other information that you identify as being pertinent to this application? (for example, medical conditions, disabilities)		
Do you have any holidays planned this year. If so when?		

Important Notice

Section 79 of the Workers' Compensation and Assistance Act 1981 gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker has, at the time of seeking or entering employment, willfully and falsely represented him or herself as not having previously suffered the disability, the subject of the claim for compensation. Therefore, full and accurate disclosure to the following questions is required.

Medical Declaration

What is your general state of Health?	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
	Y	N	If YES, please provide details:
Are you currently receiving any medical treatment or taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever suffered from:			If YES, please provide details:
Back Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Neck/Shoulder/Wrist/Knee Sprains or Strains	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive Strain or Carpel Tunnel Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Chest or Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Infections of Nose, Throat or Ear	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Skin trouble (e.g. eczema)	<input type="checkbox"/>	<input type="checkbox"/>	
Poor Eyesight (e.g. require glasses/contact lenses)	<input type="checkbox"/>	<input type="checkbox"/>	
Bone Disorder	<input type="checkbox"/>	<input type="checkbox"/>	

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 4 of 9

Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia or Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, Vertigo, Blackouts, Fits or Fainting Attacks	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently or previously been on Workers Compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever suffered any work related injuries or conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Any family history of major illness like diabetes, heart disease, epilepsy etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you drink alcohol, what is average weekly consumption (1drink=250ml beer, 125ml wine, 30ml liquor)	<input type="checkbox"/>	<input type="checkbox"/>	
In last 4 weeks have you been unwell or suffered any injuries outside of work?	<input type="checkbox"/>	<input type="checkbox"/>	
On average, how many times a week do you exercise?	<1 x	<input type="checkbox"/>	1 or 2
		<input type="checkbox"/>	>3
		<input type="checkbox"/>	

Previous Experience (Please Tick Those That Apply)

<input type="checkbox"/>	Agitator	<input type="checkbox"/>	IT Loaders
<input type="checkbox"/>	Air-conditioning	<input type="checkbox"/>	Joinery
<input type="checkbox"/>	Airless	<input type="checkbox"/>	Job Safety Analysis (J.S.A's)
<input type="checkbox"/>	Alloy	<input type="checkbox"/>	Ladder rack
<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	Lathes
<input type="checkbox"/>	Arc	<input type="checkbox"/>	Linesman
<input type="checkbox"/>	Asbestos Removal	<input type="checkbox"/>	Loader
<input type="checkbox"/>	Backhoe	<input type="checkbox"/>	Low Voltage
<input type="checkbox"/>	Ball Mill	<input type="checkbox"/>	Mechanic
<input type="checkbox"/>	Bobcat	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Bogger	<input type="checkbox"/>	Mechanics T/A
<input type="checkbox"/>	Boilermakers T/A	<input type="checkbox"/>	MIG
<input type="checkbox"/>	Brickies Labourer	<input type="checkbox"/>	Mills
<input type="checkbox"/>	Building Sites	<input type="checkbox"/>	Milling Machine
<input type="checkbox"/>	Buses	<input type="checkbox"/>	Motor
<input type="checkbox"/>	Carpenters T/A	<input type="checkbox"/>	OH&S Standards & Procedures
<input type="checkbox"/>	CNC Operator	<input type="checkbox"/>	Offshore
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Oxy
<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Panel Work
<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Pipe Work



APPLICATION FOR EMPLOYMENT FORM

Document No.	H-FRM-015
Revision Date	24 August 2022
Revision No.	1
Page No.	Page 5 of 9

Construction	Plant
Container Work	Plasma Cutters
Conveyors	Plate Work
Crane	PLC
Crane Overhead	Plumbers T/A
Crusher	Pneumatic Controller
Cylinder Grinder	Poly Pipe
Dozer	Poly -Weld
Diesel	Powder Coating
Drill	Power Tools
Driving Interstate	Press Brake

Previous Experience (Please Tick Those That Apply)

Duct Work	Pump
Driving Metro	Pressure Vessels
Dump Truck	Punch
Earthmoving	Rail Terminal
Electrical	Read Drawings
Electricians T/A	Read ISO
Emergency Training	Read Schematics
ESD Systems	Receivables
Estimating	Removals
Excavator	Rigging
Exotic Materials (Welding)	Rollers
Fatigue Management Induct	Rough Terrain
Fault Finding	Safety Audits
Fitter	Serviceman
Fitter - Pipe	Sand Blasting
Fitters T/A	Scaffolding
Flow Meters	Screens
Flow Pressure Transmitter	Set Out
Flux Core	Sheet Metal Press
Food Machinery	Shutdowns
Forklift Counter Balance	Site
Forklift Electric	Stainless Steel
Forklift Gas	Steel Fixing
Form Work	Stick (Welding)
Front End Loader	Structural
Gas Compressors	SWMS – safe work method statements
Grader	Sub Arc
Grinder	Supervisory Role
Guillotine	TAKE 5's

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 6 of 9

<input type="checkbox"/>	Hand Rails	<input type="checkbox"/>	TIG
<input type="checkbox"/>	Heat Exchange	<input type="checkbox"/>	Toolmaker
<input type="checkbox"/>	Heavy Vehicles	<input type="checkbox"/>	Trucks
<input type="checkbox"/>	Heights	<input type="checkbox"/>	Turbines
<input type="checkbox"/>	HIAB	<input type="checkbox"/>	Vertical Borer
<input type="checkbox"/>	High Voltage	<input type="checkbox"/>	Vessels
<input type="checkbox"/>	Hydraulics	<input type="checkbox"/>	Vibrating Roller
<input type="checkbox"/>	Horizontal Borer	<input type="checkbox"/>	Water Cart
<input type="checkbox"/>	Inner shield (Welding)	<input type="checkbox"/>	Welding
<input type="checkbox"/>		<input type="checkbox"/>	Workshop

CURRENT TICKETS / CERTIFICATES HELD (Please tick those that apply):		POSITIONS EMPLOYED AS PREVIOUSLY (Please tick those that apply):	
<input type="checkbox"/>	Basic Fire Fighting	<input type="checkbox"/>	Auto Mechanic
<input type="checkbox"/>	Bobcat	<input type="checkbox"/>	Boilermaker
<input type="checkbox"/>	Cert IV O.H.& S (Safety)	<input type="checkbox"/>	Bobcat Operator
<input type="checkbox"/>	Cert Supervisory Role	<input type="checkbox"/>	Carpenter
<input type="checkbox"/>	Confined Space Ticket	<input type="checkbox"/>	Carpenter – Formwork
<input type="checkbox"/>	Crane Operations – C1	<input type="checkbox"/>	Concrete Finisher
<input type="checkbox"/>	Crane Operations – C2	<input type="checkbox"/>	Crane Driver / Crane Operator
<input type="checkbox"/>	Crane Operations – C6	<input type="checkbox"/>	Dogman
<input type="checkbox"/>	Crane Operations - CB	<input type="checkbox"/>	Draftsperson
<input type="checkbox"/>	Crane Operations - CD	<input type="checkbox"/>	Driller
<input type="checkbox"/>	Crane Operations - CN	<input type="checkbox"/>	Driller’s Offsider
<input type="checkbox"/>	Crane Operations - CO	<input type="checkbox"/>	Electrical Supervisor
<input type="checkbox"/>	Crane Operations – CP	<input type="checkbox"/>	Electrician – A Grade
<input type="checkbox"/>	Crane Operations - CT	<input type="checkbox"/>	Electrician - Auto
<input type="checkbox"/>	Crane Operations - CV	<input type="checkbox"/>	Engineer
<input type="checkbox"/>	Defensive Driving (DTEC 4WD)	<input type="checkbox"/>	Engineer - Mechanical
<input type="checkbox"/>	Dogman	<input type="checkbox"/>	Estimator
<input type="checkbox"/>	Electrical License – A Grade	<input type="checkbox"/>	Excavator Operator
<input type="checkbox"/>	Elevated Work Platform (WP)	<input type="checkbox"/>	Fabricator
<input type="checkbox"/>	Excavator	<input type="checkbox"/>	First Aid Administrator
<input type="checkbox"/>	First Aid – Basic	<input type="checkbox"/>	Fitter
<input type="checkbox"/>	First Aid - Senior	<input type="checkbox"/>	Fitter – Heavy Duty
<input type="checkbox"/>	Forklift	<input type="checkbox"/>	Fitter - Mechanical
<input type="checkbox"/>	Front End Loader	<input type="checkbox"/>	Pipe Fitter
<input type="checkbox"/>	GSDU Clearance	<input type="checkbox"/>	Foreman
<input type="checkbox"/>	HUET	<input type="checkbox"/>	Forklift Operator
<input type="checkbox"/>	HP Hoist	<input type="checkbox"/>	HIAB Operator
<input type="checkbox"/>	National Police Clearance	<input type="checkbox"/>	Instrument Technician

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 7 of 9

	National White / Blue Card		Labourer
	MARCSTA		Leading Hand
	Mines Workers Health Surveillance		Machinist – Manual
	MSIC Card		Machinist – CNC
	Plumber		OHS Officer / Safety Officer
	Poly-Welding Ticket		Plant Operator
	Rigging: (tick those levels obtained):		Painter
	Rigger - ADVANCED		Poly -Welder
	Rigger - BASIC		Press Brake Operator
	Rigger - INTERMEDIATE		Project Manager
	Safe Working at Heights Ticket		Rigger Basic
	Scaffolder – ADVANCED		Rigger Intermediate
	Scaffolder - BASIC		Rigger Advanced
	Scaffolder - INTERMEDIATE		Scaffolder Basic
	TRA Trade Recognition		Scaffolder Intermediate
	Trade Certificate (Australian/New Zealand)		Site Coordinator
	Vehicle B Class		Spray - Painter
	Vehicle C - Car		Steel Fixer
	Vehicle HC - X		Storeman
	Vehicle HR – Heavy Rigid		Supervisor
	Vehicle LR – Light Rigid		Trades Assistant
	Vehicle MR - Medium Rigid		Welder First Class
	Scaffolder Advanced		Welder Second Class
	Sheet Metal Worker		
	Please list any other licenses		
	Statutory Positions Held		COURSES COMPLETED FOR WA OHS Legislative requirements
	Site Senior Executive		BSBWHS411 – Implement and monitor WHS policies Procedures and programs.
	Exploration Manager		RIIRIS402E - Carry out the risk management process
	Under Ground Manager – non coal		
	Under Ground Manager – Coal		
	Underground ventilation officer		
	Radiation Safety Officer (NORM)		
	Underground Supervisor – non coal		
	Underground Supervisor – coal		
	Restricted Quarry Manager		

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 8 of 9

<input type="checkbox"/>	Statutory Supervisor	<input type="checkbox"/>	
<input type="checkbox"/>	Mine Air Quality officer	<input type="checkbox"/>	
<input type="checkbox"/>	Noise officer	<input type="checkbox"/>	
<input type="checkbox"/>	Electrical Supervisor	<input type="checkbox"/>	

Privacy Consent and Employee Declaration

All personal information including health or other personal sensitive information collected by Aurenne Mining is collected in accordance with the National Privacy Principles contained in the Privacy Act 1988 (Cth). This information will not be disclosed to any unauthorised third party without your consent.

Employee undertaking and acknowledgement:

In submitting this form, I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false statements may hinder my application and may provide sufficient grounds for dismissal, if hired.

I understand that this application does not constitute an offer of employment.

I understand that Aurenne may seek to verify the information provided and I authorise Aurenne to contact previous employers for references to assist in the assessment of my suitability for employment.

I understand that not allowing previous employers to be contacted may negatively impact my application for employment with Aurenne.

I understand that information obtained via the recruitment process will be held indefinitely on a database maintained by Aurenne for the purpose of considering me for future opportunities with the company to determine whether I meet the project/position requirements.

I understand that I can request to correct or update the information provided with this Application or arrange to have it deleted or destroyed at any time.

I agree to have a pre-placement medical examination if requested to do so and I consent to the medical practitioner releasing information from the examination to Aurenne Mining for the purpose of assessing my suitability for employment.

I understand that my obligations to be fully vaccinated (Covid 19 vaccination status)

	APPLICATION FOR EMPLOYMENT FORM	Document No.	H-FRM-015
		Revision Date	24 August 2022
		Revision No.	1
		Page No.	Page 9 of 9

I understand if offered employment, you agree to abide by the Company and its rules, medical requirements, national police clearance and safety regulations etc.

If you do not want us to retain your details, please contact us and advise.

Your Name:
Signature:
Date: