

Please return via:

Email: admin@stellaindustrial.com.au

Mail / In Person: 1/6 Richardson Street, Kwinana, WA, 6167

PERSONAL INFORMATION			
SURNAME		GIVEN NAME	
HOME ADDRESS			
POSTAL ADDRESS			
HOME PHONE		MOBILE PHONE	
EMAIL			
ARE YOU AN AUSTRALIAN RESIDENT?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
<i>**IF YOU ARE NOT AN AUSTRALIAN RESIDENT, PLEASE ATTACH THE VISA DOCUMENTATION THAT ALLOWS YOU TO WORK IN AUSTRALIA</i>			
SUBMISSION DATE			
DATE OF AVAILABILITY			

QUALIFICATIONS/EXPERIENCE

PROJECT MANAGER	<input type="checkbox"/>	EXPERIENCE (YEARS):	SITE MANAGER	<input type="checkbox"/>	EXPERIENCE (YEARS):
PLANNER	<input type="checkbox"/>	EXPERIENCE (YEARS):	ESTIMATOR	<input type="checkbox"/>	EXPERIENCE (YEARS):
SITE ADMINISTRATOR	<input type="checkbox"/>	EXPERIENCE (YEARS):	SAFETY COORDINATOR	<input type="checkbox"/>	EXPERIENCE (YEARS):
MANAGER	<input type="checkbox"/>	EXPERIENCE (YEARS):	SUPERVISOR	<input type="checkbox"/>	EXPERIENCE (YEARS):
LEADING HAND	<input type="checkbox"/>	EXPERIENCE (YEARS):	BLASTER/PAINTER	<input type="checkbox"/>	EXPERIENCE (YEARS):
1 ST CLASS S/METAL WORKER	<input type="checkbox"/>	EXPERIENCE (YEARS):	2 ND CLASS S/METAL WORKER	<input type="checkbox"/>	EXPERIENCE (YEARS):
LAGGER	<input type="checkbox"/>	EXPERIENCE (YEARS):	SCAFFOLDER (ADVANCED)	<input type="checkbox"/>	EXPERIENCE (YEARS):
SCAFFOLDER (INTERMEDIATE)	<input type="checkbox"/>	EXPERIENCE (YEARS):	SCAFFOLDER (BASIC)	<input type="checkbox"/>	EXPERIENCE (YEARS):
RIGGER (ADVANCED)	<input type="checkbox"/>	EXPERIENCE (YEARS):	RIGGER (INTERMEDIATE)	<input type="checkbox"/>	EXPERIENCE (YEARS):
RIGGER (BASIC)	<input type="checkbox"/>	EXPERIENCE (YEARS):	ROPE ACCESS (LEVEL 1)	<input type="checkbox"/>	EXPERIENCE (YEARS):
ROPE ACCESS (LEVEL 2)	<input type="checkbox"/>	EXPERIENCE (YEARS):	ROPE ACCESS (LEVEL 3)	<input type="checkbox"/>	EXPERIENCE (YEARS):
ROPE ACCESS (ASSESSOR)	<input type="checkbox"/>	EXPERIENCE (YEARS):	ASBESTOS REMOVALIST	<input type="checkbox"/>	EXPERIENCE (YEARS):
TRADE ASSISTANT	<input type="checkbox"/>	EXPERIENCE (YEARS):	OTHER (SPECIFY BELOW)	<input type="checkbox"/>	EXPERIENCE (YEARS):

CERTIFICATION OF COMPETENCY/LICENCES (COPIES OF SUPPORTING DOCUMENTATION MUST BE ATTACHED)

DO YOU HAVE A WORKSAFE HIGH RISK LICENCE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>				
IF YES, CARD NUMBER								
INDICATE YOUR CERTIFICATION COMPETENCY BY SELECTING FROM THE LIST BELOW								
RIGGING	BASIC	<input type="checkbox"/>	SCAFFOLDING	BASIC	<input type="checkbox"/>	CRANE	CT	<input type="checkbox"/>
	INTERMEDIATE	<input type="checkbox"/>		INTERMEDIATE	<input type="checkbox"/>		CD	<input type="checkbox"/>
	ADVANCED	<input type="checkbox"/>		ADVANCED	<input type="checkbox"/>		CN	<input type="checkbox"/>

DOGGING		<input type="checkbox"/>	ELEVATED WORK PLATFORM		<input type="checkbox"/>		CV	<input type="checkbox"/>										
FORKLIFT	LF	<input type="checkbox"/>	HOISTS	HM	<input type="checkbox"/>		C2	<input type="checkbox"/>										
	LO	<input type="checkbox"/>		HP	<input type="checkbox"/>													
CONFINED SPACE			<input type="checkbox"/>				C6	<input type="checkbox"/>										
WORKING AT HEIGHTS			<input type="checkbox"/>				C1	<input type="checkbox"/>										
FIRST AID			<input type="checkbox"/>				C0	<input type="checkbox"/>										
OTHER:			<input type="checkbox"/>				CB	<input type="checkbox"/>										
			<input type="checkbox"/>				CP	<input type="checkbox"/>										
DRIVERS LICENCE:	C	<input type="checkbox"/>	LR	<input type="checkbox"/>	MR	<input type="checkbox"/>	HR	<input type="checkbox"/>	HC	<input type="checkbox"/>	MC	<input type="checkbox"/>	RN	<input type="checkbox"/>	RE	<input type="checkbox"/>	R	<input type="checkbox"/>
MARCSTA	<input type="checkbox"/>	BLUE CARD		<input type="checkbox"/>	GREEN CARD		<input type="checkbox"/>	OTHER (SPECIFY)										

EMPLOYMENT HISTORY

Starting with your most current employer, please provide details of your last five (3) years of employment history – refer to resume will not be accepted. If in the last three years, there have been periods of unemployment, study or travel leave please include these details. Attach additional pages if necessary.

COMPANY NAME	
POSITION HELD	
EMPLOYED FROM (MONTH/YEAR)	
EMPLOYED TO (MONTH/YEAR)	
LOCATION/PROJECT	
REASON FOR LEAVING	
REFERENCE	
REFERENCE NUMBER	

COMPANY NAME	
POSITION HELD	
EMPLOYED FROM (MONTH/YEAR)	
EMPLOYED TO (MONTH/YEAR)	
LOCATION/PROJECT	
REASON FOR LEAVING	
REFERENCE	
REFERENCE NUMBER	

COMPANY NAME	
POSITION HELD	
EMPLOYED FROM (MONTH/YEAR)	
EMPLOYED TO (MONTH/YEAR)	
LOCATION/PROJECT	
REASON FOR LEAVING	
REFERENCE	
REFERENCE NUMBER	
COMPANY NAME	

POSITION HELD	
EMPLOYED FROM (MONTH/YEAR)	
EMPLOYED TO (MONTH/YEAR)	
LOCATION/PROJECT	
REASON FOR LEAVING	
REFERENCE	
REFERENCE NUMBER	

DECLARATION

I certify that the information and statements supplied within this Registration of Interest of Employment by me are true and correct to the best of my knowledge and I understand that any false statements shall render my registration invalid and if employed, any falsification of this form may result in the termination of my employment.

In signing the Registration of Interest of Employment form, I provide my written and informed consent for my personal information to be utilised in the assessment of my suitability for employment.

I also certify that by completing this form, I am not guaranteed a position with Stella Industrial, nor does it constitute an offer of employment.

I also understand that the information collected and retained within Stella Industrial, in the recruitment process or otherwise obtained about a prospective employee shall be collected and maintained in accordance with the Privacy Act 1988

APPLICANT SIGNATURE	
FULL NAME	
DATE	