



REGISTRATION OF INTEREST FOR EMPLOYMENT

Thank you for your registration of interest for employment with Giovenco Industries!

For your registration to be considered, please complete the entire document in full as the information you provide will be used to evaluate your submission.

You must ensure that all sections of the form are completed in full, as the registration of interest will be deemed incomplete and will not be accepted. Note, that refer to resume is not acceptable.

Note that you **must** provide a **minimum of five (5) years** consecutive employment history. If you do not have a consecutive employment history, the gaps will need to be identified as; unemployment, home duties, study or travel. Your application will be deemed incomplete if this area is not completed correctly.

Please be aware that completing this registration of interest of employment is not an offer of employment nor does it guarantee employment within Giovenco Industries. The registration of interest along with supporting documentation can be forwarded to:-

Office Details	PO Box 7229,Hemmant, QLD 4174	Phone: (07) 3890 2340	Fax: (07) 3390 7975
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Or via email address - hr@giovencoind.com

PERSONAL INFORMATION

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	First Name:		Middle Name:	
Surname:		Date of Birth:			
Usual Residential Address:					
Suburb:		State:		Post Code:	
Home Phone #:		Mobile Phone #:		Work Phone #:	
Email Address:					

Are you legally entitled to work in Australia without a VISA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If not a resident, attach immigration Visa details</i>
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OCCUPATION INFORMATION

What is your current occupation?				
What is your usual occupation?				
What type of employment are you looking for?	Full-Time <input type="checkbox"/> FIFO <input type="checkbox"/>	Part-Time <input type="checkbox"/> No Preference <input type="checkbox"/>	Casual <input type="checkbox"/>	Shutdown <input type="checkbox"/>
What notice period do you need to provide?	1 Day <input type="checkbox"/>	1 Week <input type="checkbox"/>	1 Month <input type="checkbox"/>	No Period <input type="checkbox"/>

REGISTRATION OF INTEREST INFORMATION

Completion of the Registration of Interest for Employment form does not guarantee employment with Giovenco Industries, nor does it constitute an offer of employment.

The information collected and retained as part of this document shall be dealt with and maintained in accordance with the Privacy Act 1988.

Submission Date:	
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EXPERIENCE

Have you worked for Giovenco before?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where: _____
Have you worked in the construction industry before?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes Months: _____ Years: _____
If no, what has been the main industry of employment: _____	
How much FIFO experience do you have?	Months: _____ Years: _____ None: <input type="checkbox"/>

Indicate your experience (including months and years) by selecting from the list below:-

Scaffolder (SA)	Months: ___ Years: ___	Scaffolder (SI)	Months: ___ Years: ___	Scaffolder (SB)	Months: ___ Years: ___
Rigger (RA)	Months: ___ Years: ___	Rigger (RI)	Months: ___ Years: ___	Rigger (RB)	Months: ___ Years: ___
Painter	Months: ___ Years: ___	Blaster	Months: ___ Years: ___	Fireproofing:	Months: ___ Years: ___
Trade Assistant	Months: ___ Years: ___	Forklift Driver	Months: ___ Years: ___	Dogger	Months: ___ Years: ___
Boilermaker	Months: ___ Years: ___	Carpenter	Months: ___ Years: ___	Plumber	Months: ___ Years: ___
Truck Driver	Months: ___ Years: ___	Leading Hand	Months: ___ Years: ___	Supervisor	Months: ___ Years: ___
Asbestos Removal	Months: ___ Years: ___	1st Class SMW	Months: ___ Years: ___	Lagger:	Months: ___ Years: ___
Project Manager	Months: ___ Years: ___	Site Manager	Months: ___ Years: ___	Supervisor	Months: ___ Years: ___
Leading Hand	Months: ___ Years: ___	Estimator	Months: ___ Years: ___	Planner	Months: ___ Years: ___
Site Administrator	Months: ___ Years: ___	Administrator	Months: ___ Years: ___	Safety Advisor	Months: ___ Years: ___
Rope Access	Level: _____ Months: _____ Years: _____				
Other (specify)	Details: _____ Months: _____ Years: _____				

Do you hold a trade qualification:	Details: _____
	Year completed: _____ Place completed: _____

CERTIFICATION OF COMPETENCY (A copy of supporting documentation *must* be attached).

Do you have a High Risk Work Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Number: _____ Issue Date: _____ Expiry Date: _____ State Issued: _____
Do you have a Worksafe Certificate of Competency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Number: _____ Issue Date: _____ Expiry Date: _____ State Issued: _____

Indicate your level of competency by selecting from the list below:-

SB <input type="checkbox"/>	SI <input type="checkbox"/>	SA <input type="checkbox"/>	RB <input type="checkbox"/>	RI <input type="checkbox"/>	RA <input type="checkbox"/>	DG <input type="checkbox"/>	LF <input type="checkbox"/>	LO <input type="checkbox"/>	WP <input type="checkbox"/>
HM <input type="checkbox"/>	HP <input type="checkbox"/>	CT <input type="checkbox"/>	CD <input type="checkbox"/>	CN <input type="checkbox"/>	CV <input type="checkbox"/>	C2 <input type="checkbox"/>	C6 <input type="checkbox"/>	C1 <input type="checkbox"/>	C0 <input type="checkbox"/>
CB <input type="checkbox"/>	CP <input type="checkbox"/>	BB <input type="checkbox"/>	BI <input type="checkbox"/>	BA <input type="checkbox"/>	TO <input type="checkbox"/>	ES <input type="checkbox"/>	Other: _____		

Do you have a Drivers Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Number: _____ Expiry Date: _____ State Issued: _____

Indicate your level of competency by selecting from the list below:-

C <input type="checkbox"/>	LR <input type="checkbox"/>	MR <input type="checkbox"/>	HR <input type="checkbox"/>	HC <input type="checkbox"/>	MC <input type="checkbox"/>	R-N <input type="checkbox"/>	R-E <input type="checkbox"/>	R <input type="checkbox"/>
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Do you hold an OHS Construction Induction Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Number: _____ Issue Date: _____ State Issued: _____

Do you hold a Maritime Security Identification Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Number: _____ Expiry Date: _____

Do you have a Mine Health Surveillance Card?	Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____ Expiry Date: _____
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EMPLOYMENT HISTORY

Please note that you **must** provide a **minimum of five (5) years** consecutive employment history. If you do not have consecutive employment history, the gaps will need to be identified as one of the following - unemployment, home duties, study or travel. Please understand that your application will be deemed incomplete if this area is not completed correctly and in full and it will therefore **not** be processed.

Note also, that we will contact your previous employers in an effort to confirm and verify the employment history you have provided. When providing the name of your supervisor as part of your employment history, please ensure that this individual had direct working contact with you. Note, that you must provide details of the supervisor or level above, leading hands as your supervisor is not acceptable.

Please commence your employment history with your **most current/last** employer.

Are we able to contact your current employer? Yes No

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Company Name:		Your Position:	
Direct Supervisor Name:		Supervisor's Contact Number	
Employed From i.e. Sep 07:		Employed To i.e. Oct 10	
Location(s) of Employment:			
Reason for leaving the Company:			

Please attach additional pages if necessary to cover the 5 year required employment history.

HEALTH ASSESSMENT

WORKERS COMPENSATION

Please note that a previous workers compensation claim will not impede your application from being considered.

Have you ever submitted a worker's compensation claim?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes:					
Description	Date Occurred	How long were you off work?	Employer at the time		
Has the worker's compensation claim been closed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no; why:					

INCOME PROTECTION

Please note that an income protection claim will not impede your application from being considered.

Have you ever submitted an income protection claim?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes:					
Description	Date Occurred	How long were you off work?	Employer at the time		
Has the income protection claim been closed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no; why:					

Workers' Compensation and Injury Management Act gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is found that the worker had, at the time of seeking or entering employment, wilfully and falsely represented him/her as not having previously suffered from the disability, the subject of the claim for compensation.

FITNESS FOR WORK

Do you have a disability, injury or illness which may restrict your performance?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:					
Are you currently taking any type of prescription medication?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:					
Are you allergic to anything?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:					
Are there any ailments/conditions that we should be made aware of to ensure your safety and wellbeing, should you be employed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:					

COMPLIANCE REQUIREMENTS

Giovenco Industries operate within a number of environments and it is imperative that certain rules and operational requirements are adhered to. Are you prepared to:-

Undergo a pre-employment medical assessment including, but not limited to a drug and alcohol screen, spirometry, audiometry and back examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comply with all Giovenco and Client policies and procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comply with Giovenco and Client security requirements including vehicle, baggage, accommodation and personal searches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comply as necessary to Giovenco and its Client requirements for random alcohol and drug testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wear and use identification as required by Giovenco and its Client to enter and leave site(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comply with all 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"/>
Commit to 100% falls prevention/hook-up at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not carry or use personal mobile phones unless authorised to do so?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not carry or use any form of camera unless authorised to do so?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not use, carry or be in possession of any weapons or firearms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agree to work shift work, if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agree to work at heights, if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agree to work in a confined space, if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs whilst working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of an offence? Please attach separate sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Undergo a national or state police clearance check, if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION

I certify that the information and statements supplied within this Registration of Interest for 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 for 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 Registration of Interest for Employment form, I am not guaranteed a position within the Giovenco industrial Services, nor does it constitute an offer of employment to me.

I also understand that the information collected and retained within the Giovenco group of companies in the recruitment process or otherwise obtained about a prospective employee shall be collected and maintained in accordance with the Privacy Act 1988.

Full Name:

Signature:

Date:

Please return this completed document by mail to: Giovenco Industries
Po Box 7229,
Hemmant Qld 4174

Or via email: hr@giovencoind.com

Or via fax: (07) 3390 7975

Any queries please feel free to contact us on (07) 3890 2340.