# **JOB SEEKERS REGISTRATION FORM**

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| **PERSONAL DETAILS** |
| Family Name: |  | Given Names: |  |
| Date of Birth: |  | Gender: |  |
| Home Phone: |  | Mobile: |  |
| Email: |  |
| Residential Address: |  |
| PO BOX No: |  |

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| **WHAT INDUSTRIES ARE YOU INTERESTED IN?** |
| Construction ❑ Cleaning ❑ Health Care ❑ Hospitality ❑ Recreation ❑ Retail ❑ Mining ❑Horticulture/Parks ❑ Transport/Logistics ❑ Education/Training ❑ IT/Technical ❑ Business Administration ❑ |
| Is there a specific job you are interested in? | Full-Time ❑Part-Time ❑Temporary ❑ |

**PLEASE PROVIDE THE FOLLOWING DETAILS, OR ATTACH YOUR RESUME.**

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| EDUCATION: |
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| QUALIFICATION & OTHER TRAINING: |
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| LICENCES / TICKETS: Please specify – including Driver’s Licence |
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| WORK EXPERIENCE |
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| Do you have any medical conditions, pre-existing injuries, or taking medication that we should be aware of?No ❑ Yes ❑ If yes, please provide details\*: |
| \* **Section 79 of the Western Australian Workers’ Compensation and Injury Management Act 1981 gives an arbitrator 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 in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury.** |
| Do you suffer from any allergies?No ❑ Yes ❑ If yes please provide details: |
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| Do you have a legal right to work in Australia? No ❑ Yes ❑ If yes, you will be required to provide evidence such of Australian Citizenship, or a passport to perform a VEVO check. |
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| Please provide 4 forms of ID for a Police Clearance Check. ( Refer to Fit2Work Accepted ID Documents Form )**ONE x** Commencement, **ONE x** Primary, **TWO x** Secondary |
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| Have you ever had a worker’s compensation claim?No ❑ Yes ❑ If Yes, please provide details and date of medical clearance: |
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| Do you have a Tax File Number? No ❑ Yes ❑ If no, you will be required to obtain one and IOGTA can assist. |
| What is your availability? |
| **Signed**: |  | **Date:** |  |

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| **OFFICE USE ONLY** |
| Job Seekers Number: | Registration Date: |  |
| Details taken by: | Signed: |  |
| **Note:** |  |
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