

SMS GROUP SERVICES – EXPRESSION OF INTEREST

SMS complies with the Privacy Act 1988 (Cth)

Section 1 – Applicant's Personal Details

Last Name:				First Name:			
Preferred Name:		Sex	M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth:			
Phone:			Email				
Postal Address:							
Residential Address:							
	Suburb:				Post Code:		
Position of Interest:							

Section 2 – Applicant's Declaration

I understand and agree that:

- an offer of a work assignment is subject to my acceptance of the terms and conditions of the SMS Group Services Enterprise Agreement (Download or view at www.fwc.gov.au, a copy may also be requested from HR administration);
- SMS will collect, record and retain my personal information during the onboarding process and in the course of the employment. Clients of SMS may be provided with this information if it is relevant to my work assignment;
- my information will be entered into an SMS data base for consideration of short term work assignments;
- my point of hire is either Perth or Bunbury metropolitan area and work assignments will be offered from these locations;
- SMS may contact my previous employers to verify my work history and performance;
- I may be required to undergo a medical assessment, including a drug and alcohol screen, to assess my suitability to be able to perform the inherent requirements of any work assignment I am offered;
- ongoing "fitness for work" assessments and random drug and alcohol testing may be conducted and
- if I have provided any false or misleading information my expression of interest will be withdrawn and if employment has commenced, my employment may be summarily terminated.

Signature:				Date:			
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Section 3 – General Information

Resume attached / provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an Australian Resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not an Australian Resident please attach VISA details which allow you to work in Australia. Details attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously been employed by SMS Contracting, inclusive of labour hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have your own transport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a mobile telephone?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 – Medical Information

(A disability, or injury, is not a barrier to the consideration of an offer of employment)

To assist in assessing opportunities for placement in appropriate employment, please complete the following:

Do you have a disability, injury, illness or condition that may affect any aspect of your work performance for the type of work you are applying for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details:

Do you have an existing, or previous, injury that may be aggravated or accelerated by the type of work you are applying for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details:

Have you ever claimed Workers Compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details:

Date from:		Date to:		Total time off work:	
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NOTE: Section 79 of the Worker's Compensation and Rehabilitation Act 1981 give the Worker's Compensation Board discretion to refuse to award compensation which would otherwise be payable when it is proved that the worker has, at the time of seeking or entering employment, wilfully and falsely represented themselves as not having previously suffered from disability, the subject of the claim for compensation. You are required to advise us of any pre-existing medical condition, injury or claim.

Please answer the following questions regarding your Medical History.	Y / N	Do you have any difficulty with the following activities?	Y / N
Are you being treated by any doctor for any illness or taking any medications for a medical condition?		Running 100 meters	
		Walking on rough ground	
Do you have any Medical Condition that needs to be monitored regularly, or medical issues your employer needs to be made aware of to ensure your safety and fitness for work.		Standing for up to two hours	
		Standing for extended periods	
		Kneeling	
Do you have any known occupational allergies?		Gripping firmly with one or both of your hands	
Is there any reason why you cannot wear safety or protective equipment?		Turning your head rapidly	
		Repetitive movements of the hands or arms	
Do you have Diabetes?		Using hand tools	
Have you had any time off work in the last year due to illness or injury?		Climbing any ladders	
		Reading ordinary print / text	
Do you need to wear glasses for your normal work? If so, do you have prescription safety glasses?		Understanding safety signs	
		Hearing a normal conversation	
Have you ever tested positive in any workplace drug & alcohol-screening test?		Lifting or bending	
		Crouching / Squatting	
Do you have or have you ever had any of the following?	Y / N	Sitting for up to two hours	
		Sitting for extended periods	
Lung Problems / Asthma / Bronchitis		Concentrating for any length of time	
Suffered Blood Pressure or Heart Trouble		Have you had any exposure to any of the following?	Y / N
Fits / Seizures / Blackouts or Persistent Headaches / Migraines			
Mental, stress, or nervous troubles		Asbestos, Chemicals, Radiation, or Dust	
Stomach Problems / Ulcers		Loud noise / explosives	
Repetitive Strain / Overuse Injury		Details, if answered 'yes' to any of above:	
Back or neck problems			
Any Type of Hernia?			
Joint Problems / Fractures			
Arthritis / Rheumatism			
Tuberculosis			