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APPLICATION FOR EMPLOYMENT

Applications will be held on file for a minimum of 3 months.

We thank you for your application and advise that you will only be contacted if you are successful in gaining an interview.

TOM BROWNE
DRILLING SERVICES

Application Details

Position Applying For:	<input type="checkbox"/> Drillers Assistant <input type="checkbox"/> Driller <input type="checkbox"/> Cook <input type="checkbox"/> Tradesperson <input type="checkbox"/> Office Staff			
Availability to Commence:		Expected Salary:	\$	
How did you hear about us:	<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Billboard <input type="checkbox"/> Tom Browne Drilling Employee			

Personal Details

Name:					
Address:					
City:		State:		Post Code:	
Telephone:			Mobile:		
Email:					
Can you produce identification?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally entitled to work in Australia?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If NOT an Australian citizen, do you have residency status?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Resident <input type="checkbox"/> Student <input type="checkbox"/> Bridging <input type="checkbox"/> Temporary Expires: / /					

Educational Details

Institution:	Qualification Obtained:	Date Completed:

Licence/Certificate Details

Drivers Licence:	<input type="checkbox"/> C <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC	State:	<input type="checkbox"/> NSW <input type="checkbox"/> ACT <input type="checkbox"/> VIC <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> TAS		
	Number:		Expiry:		
First Aid:	<input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Senior First Aid Certificate				
	Number:		Expiry:		
Generic	<input type="checkbox"/> QLD <input type="checkbox"/> WA				

Induction:	Number:		Expiry:	
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Employment History (Current or Last Employer First)			
Company Name:		City:	
Position Held:		Dates From/To:	
Duties:			
Supervisor:		Contact Number:	
Reason For Leaving:		Can We Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:		City:	
Position Held:		Dates From/To:	
Duties:			
Supervisor:		Contact Number:	
Reason For Leaving:		Can We Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:		City:	
Position Held:		Dates From/To:	
Duties:			
Supervisor:		Contact Number:	
Reason For Leaving:		Can We Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:		City:	
Position Held:		Dates From/To:	
Duties:			
Supervisor:		Contact Number:	
Reason For Leaving:		Can We Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Time (Periods of Unemployment)					
Date From:		Date To:		Explanation:	
Date From:		Date To:		Explanation:	

Work Reference (Please provide at least 2 references from previous supervisors or managers)

Name:	Position Held:	Company:	Telephone:	Years Known:

Drilling Experience					
Surface Drilling: <input type="checkbox"/> Yes <input type="checkbox"/> No			Underground Drilling: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rigs Used:	UDR 650 or KL Drill	<input type="checkbox"/>	Rigs Used:	BL-LM30 Mobile Drill	<input type="checkbox"/>
	UDR1000/1200 or KL Drill	<input type="checkbox"/>		BL-LM55 with 400 Feed	<input type="checkbox"/>
	UDR1500 or KL Drill	<input type="checkbox"/>		BL-LM55 with 700 Feed	<input type="checkbox"/>
	UDR3000/5000 or KL Drill	<input type="checkbox"/>		BL-LM75 with 700 Feed	<input type="checkbox"/>
	Schramm	<input type="checkbox"/>		BL-LM75 with 1300 Feed	<input type="checkbox"/>
	Other:			Other:	

Drilling Type (only complete if answered yes to Drilling Experience)							
Diamond Drilling		Directional Drilling		RC Drilling		Water Well Drilling	
NQ Size	<input type="checkbox"/>	NQ Size	<input type="checkbox"/>	4½" Size	<input type="checkbox"/>	4½" Size	<input type="checkbox"/>
HQ Size	<input type="checkbox"/>	HQ Size	<input type="checkbox"/>	5½" Size	<input type="checkbox"/>	5½" Size	<input type="checkbox"/>
PQ Size	<input type="checkbox"/>	PQ Size	<input type="checkbox"/>	6½" & Above Size	<input type="checkbox"/>	6½" & Above Size	<input type="checkbox"/>
Depth		Depth		Depth		Depth	
000-300 Metres	<input type="checkbox"/>	000-300 Metres	<input type="checkbox"/>	000-300 Metres	<input type="checkbox"/>	000-300 Metres	<input type="checkbox"/>
300-600 Metres	<input type="checkbox"/>	300-600 Metres	<input type="checkbox"/>	300-600 Metres	<input type="checkbox"/>	300-600 Metres	<input type="checkbox"/>
Above 600 Metres	<input type="checkbox"/>	Above 600 Metres	<input type="checkbox"/>	Above 600 Metres	<input type="checkbox"/>	Above 600 Metres	<input type="checkbox"/>
Maximum:		Maximum:		Maximum:		Maximum:	

Drilling Qualifications			
Qualification:	Institution:	Year Obtained:	Certificate Number:
Water Well Driller			
Drillers Assistant			
Driller Level 1			
Driller Level 2			
Driller Level 3			
Supervisor			

General Skills (Work related licences or other relevant skills)

Type:	Qualification:	Proficiency:	Relevant Information:

Health Assessment

Do you currently suffer from, or have you ever suffered from any disability, illness or medical condition which would affect your ability to perform the job you are applying for?

Yes No

If Yes, please explain what function you cannot perform and what accommodations could be made which would allow you to do the work adequately.

General

Relatives and/or friends employed by Tom Browne Drilling Services:

Name:		Position:		Relationship:	
Name:		Position:		Relationship:	

Have you previously been employed with Tom Browne Drilling Services? Yes No

Have you previously applied for a position with Tom Browne Drilling Services? Yes No

Have you ever had your employment terminated? Yes No

If Yes, please give details:

Do you have any objection to us seeking verification on any item on application? Yes No

If Yes, please give details:

Is there any additional information you wish to give? Yes No

If Yes, please give details:

Declaration

I authorise Tom Browne Drilling Services to secure any information regarding myself and hereby release any person, company or institution of all liability for any damage whatsoever issuing from such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false statement, serious omission or dishonest answer to any question may be grounds for my immediate discharge from employment with Tom Browne Drilling Services.

I understand that Tom Browne Drilling Services has the right to arrange a health assessment including a drug and alcohol screen prior to employment.

Signature:		Date:	
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Human Resources Use Only

Recommendation:

Job Offer:

Start Date:

Hourly Rate or Salary: