

EXPRESSION OF INTEREST – Recruitment Registration Form



Catalpa Resources is committed to supporting the communities within which it operates. You are invited to register your interest by completing and submitting this EOI Form, accompanied with an up to date CV to:-

Email: recruitment@catalparesources.com.au

Post: Catalpa Resources, Recruitment Department, PO Box 1300, West Perth, WA, 6872

Personal Information			
Title: (Mr, Mrs, Ms, Miss)	Surname:	First Name:	
Date of Birth: (DD/MM/YY)	Postal Address:		
Suburb/Town:	State:	Postcode:	
Telephone (H):	Telephone (M):		
Email Address:			
Please indicate your current driving license classification: <input type="checkbox"/> Learners <input type="checkbox"/> R-N <input type="checkbox"/> R-E <input type="checkbox"/> R <input type="checkbox"/> C (Manual/Automatic) <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC <input type="checkbox"/> MC			Do you have a current driving license? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an NZ citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a Visa that allows you to work permanently in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please provide dates and details:	
Please indicate which types of employment you are interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Casual <input type="checkbox"/> Vacation <input type="checkbox"/> Work Experience	
Please indicate your availability: <input type="checkbox"/> Immediate <input type="checkbox"/> Two Weeks Notice <input type="checkbox"/> One Month Notice	Please indicate the site you are interested in: <input type="checkbox"/> Westonia <input type="checkbox"/> Perth

Do you consent to undertake a police clearance (GSDU)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to undertake a pre employment medical examination and drugs and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously had any workers compensation claim(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No – If YES please provide dates and details below:
Do you have a current workers compensation claim(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No – If YES please provide dates and details below:
Do you have any medical conditions/pre existing injuries which may impact on your ability to perform your role of choice? <input type="checkbox"/> Yes <input type="checkbox"/> No – If YES please provide dates and details below:

Qualifications		
Please indicate your highest level of qualification, and whether or not it has been completed:		
<input type="checkbox"/> Secondary School Certificate of Education	<input type="checkbox"/> Completed	<input type="checkbox"/> In progress
<input type="checkbox"/> Diploma / Advanced Diploma	<input type="checkbox"/> Completed	<input type="checkbox"/> In progress
<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Completed	<input type="checkbox"/> In progress
<input type="checkbox"/> Other (Please give details below)		
If you have a trade qualification, please provide dates and details below:		

EMO – Site Support	
SITE SUPPORT - Please indicate the position(s) you may be interested in applying for	
<input type="checkbox"/> HSEC Superintendent <input type="checkbox"/> Emergency Response Coordinator <input type="checkbox"/> Occupational Health Coordinator <input type="checkbox"/> Environmental Coordinator <input type="checkbox"/> Training Coordinator <input type="checkbox"/> HR Coordinator	<input type="checkbox"/> Commercial Superintendent <input type="checkbox"/> Warehouse Coordinator <input type="checkbox"/> Site Administrator <input type="checkbox"/> Construction Projects Supervisor <input type="checkbox"/> Support Technician <input type="checkbox"/> Cleaner

EMO - Mining	
MINING - Please indicate the position(s) you may be interested in applying for	
<input type="checkbox"/> Mining Manager <input type="checkbox"/> Mine Technical Superintendent <input type="checkbox"/> Mine Operations Supervisor <input type="checkbox"/> Mine Technician - Skilled Mobile Plant Operator <input type="checkbox"/> Mine Technician - Unskilled Mobile Plant Operator	<input type="checkbox"/> Mine Production Engineer <input type="checkbox"/> Senior Mine Geologist <input type="checkbox"/> Mine Geologist <input type="checkbox"/> Senior Mine Surveyor <input type="checkbox"/> Mine Surveyor

EMO - Process	
Process - Please indicate the position(s) you may be interested in applying for	
<input type="checkbox"/> Process Manager <input type="checkbox"/> Process Operations Superintendent <input type="checkbox"/> Process Operations Supervisor <input type="checkbox"/> Gold Room Supervisor <input type="checkbox"/> Process Technician/Gold Room Technician <input type="checkbox"/> Metallurgist <input type="checkbox"/> Laboratory Analyst	<input type="checkbox"/> Maintenance Superintendent <input type="checkbox"/> Maintenance Planner <input type="checkbox"/> Mechanical Supervisor <input type="checkbox"/> Mechanical Fitter <input type="checkbox"/> Boilermaker <input type="checkbox"/> Electrical Supervisor <input type="checkbox"/> Electrical Fitter

CAH – Head Office	
Catalpa Resources - Please indicate the position(s) you may be interested in applying for	
<input type="checkbox"/> Manager <input type="checkbox"/> Exploration <input type="checkbox"/> Geology	<input type="checkbox"/> Accounts <input type="checkbox"/> Contracts <input type="checkbox"/> Administrator & Receptionist

References – (Referees must be work related, a superior and limited to the last 5 years)	
Referee's Name:	Referee's Name:
Referee's Position:	Referee's Position:
Referee's Contact Phone Number(s): Land Line: Mobile:	Referee's Contact Phone Number(s): Land Line: Mobile:
Company Name:	Company Name:
Relationship to You:	Relationship to You:

I declare that the information contained in this application is true and correct and that all of the information was given of my own free will.	
Sign:	Date:

Internal Office Use Only	
CV/Resume attached/received? <input type="checkbox"/> Yes <input type="checkbox"/> No	GSDU attached/received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driving license photocopied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Point of Engagement