



Registration Form for Casual Work

1. PERSONAL DETAILS

Registration Date: _____ Full name: _____

Address: _____

_____ Post Code: _____

Contact numbers: (Home) _____ (Mobile) _____

Email: _____

Date of Birth: _____ Gender: M F

Australian Resident: Yes No If no, do you have a valid Australian work visa? Yes No

2. TRANSPORT & AVAILABILITY (please tick)

Do you have current licenses for any of the following?

- Car
 Heavy Vehicle (please specify classes/s)

 Bus

Do you have your own transport?

- Yes
 No
 Sometimes

Are you interested in assisting with carpooling if/when required?

- Yes No

If Yes, are you happy for your mobile and suburb to be disclosed to other staff (*within reason*) for the purpose of arranging car pooling? Yes No

What days you are available for work? (You must be at least 1 full day, no weekend work available)

- Mon Tues Wed Thurs Fri

3. WORKING ATTIRE Do you have the following items (please tick):

- a) Steel capped work boots Yes No b) Work gloves Yes No c) Wide brimmed hat Yes No
 d) Clothing suitable for outdoor work ie long sleeved shirt and pants? Yes No

To complete full registration for Ecojobs you will need to obtain the above items prior to being allocated any work. Ecojobs work shirts are available for purchase, however they are not compulsory.

4. TEAM LEADING/SUPERVISING

Do you have any leadership experience? (If so, please provide brief details):

5. QUALIFICATIONS/TRAINING/CERTIFICATES/LICENCES

Do you hold a current licence/certificate for any of the following (*please tick*):

- | | |
|--|--|
| <input type="checkbox"/> First Aid Expiry Date: | <input type="checkbox"/> Chainsaw Operators Licence |
| <input type="checkbox"/> "White Card" Safety Awareness Certificate | <input type="checkbox"/> Pesticide/Herbicide Licence |
| <input type="checkbox"/> Occupational Health & Safety Training | <input type="checkbox"/> Traffic Controller/Traffic Management |
| <input type="checkbox"/> Police Clearance | <input type="checkbox"/> Other..... |

What courses or qualification are you CURRENTLY studying (*if applicable*)?

1. _____
2. _____

Please provide details of all other relevant qualifications and courses COMPLETED:

1. _____
2. _____
3. _____

6. PRACTICAL WORK EXPERIENCE

Do you have any practical experience in the following areas?

(Please tick and advise where the experience was gained)

- | | |
|---|-------|
| <input type="checkbox"/> Tree planting | ..... |
| <input type="checkbox"/> Manual weed control | ..... |
| <input type="checkbox"/> Chemical weed control | ..... |
| <input type="checkbox"/> Bush regeneration | ..... |
| <input type="checkbox"/> Landscaping | ..... |
| <input type="checkbox"/> Ride on Lawnmower | ..... |
| <input type="checkbox"/> Golf course/turf maintenance | ..... |
| <input type="checkbox"/> Brushcutter/whippersnipper | ..... |
| <input type="checkbox"/> Weed mapping | ..... |
| <input type="checkbox"/> Seed collection | ..... |
| <input type="checkbox"/> Nursery/Horticulture | ..... |
| <input type="checkbox"/> Wetland management | ..... |
| <input type="checkbox"/> Environmental auditing | ..... |
| <input type="checkbox"/> Environmental surveys | ..... |
| <input type="checkbox"/> Flora surveys | ..... |
| <input type="checkbox"/> Environmental project management | ..... |
| <input type="checkbox"/> Teaching/lecturing | ..... |
| <input type="checkbox"/> Report writing | ..... |
| <input type="checkbox"/> Office/Administration skills | ..... |
| <input type="checkbox"/> Other | ..... |

7. REFEREE'S Please list the details of TWO recent employment referees:

Organisation	Organisation
Name & Title	Name & Title
Ph. No.	Ph. No.