

AWCC – R1 FORM

Candidate Name	
Phone	
Email	
Address	
Applied Position: (Circle or Highlight preferred position)	Leasehand / Floorhand / Motorman / Derrickhand Assistant Driller / Driller / RSTC / Toolpusher / Night Toolpusher / Rig Manager / Rig Mechanic
Driver License Type	
Driver License Number	
Expiry Date	
How long been driving / driving experience	
Any police / accident record Have you ever been convicted of a crime?	
Are you the legal age to work? If hired, can you prove your age?	
Do you have full work right in Australia/ NZ/ PNG	
Have you previously been interviewed by any other Oil & Gas Companies for similar positions? Who?	
Have you ever worked for other Oil & Gas Companies before? When? GIN number?	
Do you speak any foreign languages that would pertain to the job?	
Disability - Can you perform the essential functions of the job with or without a reasonable accommodation? Do you know of anything that may inhibit your job performance? Are you willing to take a physical examination?	
Do you have any pending mandatory military service?	
Experiences/ Strength	
Development/ weakness	
Expected rotation	
Relocation (YES/NO, why)	
Expectation in career?	
Salary expectation?	
Current salary?	
Availability date to start?	
Notice period from current job	
Any holiday plans?	
Any Qs	

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Medical Declaration

Medical time availability and area?	
Will you be ok to perform Physical Lifting tasks at work? If no, why not?	
Do you suffer from any of the following ailments?	
1. Diabetes	
2. Heart Conditions	
3. Arthritis	
4. Asthma	
5. Cancer	
6. Cystic Fibrosis	
7. Crohn Disease	
8. COPD	
9. Epilepsy	
10. HIV/AIDS	
11. Mood Disorders? (Bipolar, cyclothymic & depression)	
12. Multiple Sclerosis	
13. Parkinson’s Disease	
14. Alzheimer Disease or Dementia	
Have you ever had a stroke before?	
Do you currently have any mental health issues we should be made aware of?	
Are you currently taking any medication? If so, what is this for? Is this prescribed by a doctor?	
Have you had any previous injuries that we should be made aware of?	
Do you have a medical history that could potentially affect your work that we should know about? If so, let us know.	

Medical Declaration

I, _____ declare that I am medically fit to work on a fly in fly out roster and at remote locations.

By signing this document, I hereby declare that all information provided is true and correct and if it is not can result with myself being removed from the process of employment through AWCC and also forfeit any claims, I have with AWCC.

Date ____/____/____

Sign: _____