

Datasavvy

https://www.datasavvy.com.au



[COMPANY NAME]
phone number

Log In

Welcome to the [Your Company Name] Applicant Registration Portal

Before you Start

A registration token is required to complete this Application. If you have not received a registration token, you can request one by clicking below.

[Click here to apply for a registration token.](#)

Your token will expire in 14 days from issue or when you "submit your application" at the end of this submission. At any stage (within the 14 day token expiry), you can come back to this page, re-enter your Registration Token and continue from where you stopped. Any information you have previously entered and saved, will remain, providing you have pressed "save and continue" on each page.

Applicant Declaration

By submitting this application I confirm that the information supplied by me on this form is correct and is all my own work and agree to [Your Company Name] verifying any information supplied by me on this form and/or accompanying documentation in support of my application for employment with [Your Company Name]. I further understand that making any false claims in my application documentation could jeopardise my employment opportunities with [Your Company Name]

[Your Company Name] Declaration

Information provided on this form will be stored and used for the purposes outlined in the Recruitment Privacy Statement and in accordance with the Privacy Act 1988. All information supplied is treated as confidential. If you have any questions regarding the above disclaimer, please contact [Your Company Name] before proceeding.

* required field

* I have read the above and agree

Please enter the Online Registration Token you have been sent.
Keep a copy of your un-expired Registration Token number handy.

xxxx

* enter your token number

By creating an account, you agree to our [Terms of Use](#) and [Privacy Policy](#).

Log In



phone number

Info recorded in:

- SearchMe (Applicant)
- Portal PDF only
(manual input into SearchMe required)

Right To Work

* required field

* Please select from below.

I am a Permanent Resident or Citizen of Australia.

I am from New Zealand, but have rights to work in Australia.

I hold a Current Visa that allows me to work in Australia.

I do not meet any of the above qualifications.

- * Fields in Applicants
 - Nationality
 - Indigenous
 - Australian Resident
 - New Zealand Resident
 - Right to Work
 - Visa Required
 - Visa Expiry**Personal Details**
- goes to 'Not Suitable' page

[Check your eligibility for Right To Work](#)

Please note that before a final offer of employment is made, you will be asked to provide proof of your identity and right to work, by providing a copy of your passport.

If you are an Australian Resident or Citizen you will need to provide a Passport or Birth Certificate and Photo ID. If you would like to attach a proof of identification document now, select the browse button below. Otherwise proceed to the next step.

Drop file(s) here

(jpg, gif, png, jpeg, doc, docx, pdf, tiff, tif, rtf only)

- Applicants >
View Applicant >
Documents

Save and Continue



phone number

RIGHT TO WORK - *"I do not meet any of the required qualifications"*

On the previous 'Right to Work' page, you have chosen to keep the default which is "I do not meet any of the above qualifications".

If this choice is correct and you wish to proceed with this application, please contact a Ubeaut Recruit Staff member with the contact number above.

If this choice is incorrect, please go back to the *"Right To Work"* page and change your choice in order to proceed with this application.

Save and Continue

Eligibility

Definition of an illegal Worker

An illegal worker is a non-citizen who is working without a valid visa or working in breach of a visa condition. Not everyone who comes to Australia on a visa has permission to work.

Definition of a legal Worker

Australian citizens, New Zealand citizens and Australian permanent residents are legal workers and have unlimited permission to work in Australia.

Some Australian visas have work limitations that could include not being able to work at all or only being able to work with a certain employer or a specific number of hours.

An Australian visa holder who is not in breach of their visa conditions is also a legal worker.

Proof of Citizenship or Permanent Resident Status

A single check confirming citizenship or permanent resident status at the time of employment is all that is required.

To confirm Australian or New Zealand citizenship we can sight:

- Australian or New Zealand passport
- Australian birth certificate and a form of photo identification
- Evidence of Australian citizenship and form of photo identification
- Certificate of Status for New Zealand citizens in Australia and a form of photo identification.

To confirm permanent resident status, we can sight:

- Certificate of permanent resident status and a form of photo identification
- A passport issued by the government of another country along with a check using

Please go to "[Visa Entitlement Verification Online \(VEVO\)](#)".

In the absence of a form of government-issued photo identification, we might choose to sight as many of the following supporting documents considered necessary to confirm identity:

- confirmation of enrolment to vote in Australian state or federal elections
- Medicare card
- driver's licence / taxi license
- tax file number
- references from previous employers
- tenancy agreements or home ownership details
- tertiary qualifications certificate
- trade certificate
- change of name certificates (if applicable).

Note: The above documents do not provide evidence of permission to work.

We keep copies of any sighted documents securely in your employee record

Checking if a non-citizen has permission to work

We take reasonable steps, at reasonable times, to confirm that a non-citizen is allowed to work.

If we have reason to believe a you are a non-citizen, we must check your non-citizen's visa does not have work restrictions.

Our preferred method of checking visa details is to use the free online service Visa Entitlement Verification Online (VEVO)



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Source

* *required field*

* How did you hear about

<input type="radio"/> Seek	<input type="radio"/> Broadbean	<input type="radio"/> My Company Website
<input type="radio"/> Other	<input type="radio"/> Walk in	<input type="radio"/> Social Media
<input type="radio"/> LinkedIn	<input type="radio"/> Indeed	<input type="radio"/> Facebook
<input type="radio"/> Seek Talent Search		

[Applicants > View Applicant > Registration Details](#)
populated from SearchMe Admin > system configuration > applicant sources

Save and Continue



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Personal (pg1 of 2)

** required field*

*First Name

Applicants > View Applicant > Personal Details

Middle Name

""

*Surname

""

Preferred Name

Address

""

Town

""

State

""

Post Code

""

Country

""

Home Phone

""

Mobile Number

""

Nationality

""

*Email

""

Shift Availability

Mornings Afternoons Nights

Employee > View Employee > Registration Details

Date Of Birth

Applicants > View Applicant > Personal Details

Applicants > View Applicant > Personal Details

*Gender

Male Female Speak with Consultant

""

Visa Required

Yes No

""

Visa Number

""

Visa Expiry

""

Do you have your Own Transport

Yes No

Do you have a current Driver's Licence

Yes No

this actual question isn't in SearchME, however the applicable licenses are if the applicant has a license.

below will be visible only if above question is answered "yes"

Driver's licence Number

Applicants > View Applicant > Personal Details

Driver's Licence Class (MDL)

Tick all current drivers licences

- L: Learners
- P: Provisional
- C: Car
- R: Motorcycle
- LR: Light Rigid
- MR: Medium Rigid
- HR: Heavy Rigid
- HC: Heavy Combination
- MC: Multi Combination

Applicants > View Applicant > Personal Details

As multiple licences can be held, multiple choices are possible and will come in as a comma separated in the SearchMe field

Are you of Aboriginal or Torres Strait Islander Heritage

Yes No

Applicants > View Applicant > Personal Details

Indigenous Family Name



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Personal (pg2 of 2)

Emergency Contact Name

Applicants > View Applicant > Personal Details

Emergency Contact Relationship

Applicants > View Applicant > Personal Details

Emergency Contact Phone Number

Applicants > View Applicant > Personal Details

Do you have a Criminal Record Yes No

If YES please give details.

Applicants > View Applicant > Personal Details

Resume Drop file(s) here

""

(jpg, gif, png, jpeg, doc, docx, pdf, tiff, tif, rtf only)

[Your Company Name] works with many Job Services Australia providers who can assist eligible job seekers with paying for PPE, Pre-Employment Medicals, Police Checks, Tickets and Licences, Courses and possible Travel Assistance.

Are you registered with a Job Services Australia Provider. Yes No

Jobseeker ID (JSID)

Applicants > View Applicant > Personal Details

Job Services Australia Provider

Job Services Australia Provider Branch

Save and Continue



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Financial (pg1 of 3)

I would prefer to provide my Financial Details to **Your Company Name** at the interview stage

Yes No

I Understand That: **Your Company Name** has no responsibility for any incorrect allocations of these payments by the Bank, Building society or Credit Union. I accept full responsibility for the accuracy of the above details (in accordance with the Privacy Act 21.12.2001.)

I will immediately notify my **Your Company Name** consultant and complete a new EFT form, if the account is closed or transferred to another Branch, Bank, Building Society or Credit Union.

Banking Details

Bank Name	<input type="text"/>	<input checked="" type="checkbox"/> Applicants > View Applicant > Payroll Details
Account Name	<input type="text"/>	<input type="checkbox"/> ""
BSB	<input type="text"/>	<input type="checkbox"/> ""
Account Number	<input type="text"/>	<input type="checkbox"/> ""

I request that all my future super contributions be paid to:

If 1 is chosen, below details show

- 1. The APRA super fund I nominate (complete Super Details below)** Applicants > View Applicant > Payroll Details
- 2. The self-managed super fund (SMSF) I nominate (complete SMSF details below)
- 3. The Super Fund nominated by my employer

Super Details *will appear if 1 above is ticked*

Super Fund Name	<input type="text" value="Populated from Searchme"/>	<input checked="" type="checkbox"/> Applicants > View Applicant > Payroll Details
Fund Membership Number	<input type="text"/>	<input type="checkbox"/> ""
ABN	<input type="text" value="Populated from Searchme"/>	
USI	<input type="text" value="Populated from Searchme"/>	



phone number

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Financial (pg2 of 3)

If 2 is chosen below details show

- 1. The APRA super fund I nominate (complete Super Details below)
- 2. The self-managed super fund (SMSF) I nominate (complete SMSF details below)**
- 3. The Super Fund nominated by my employer

Applicants > View Applicant > Payroll Details

Super Details *will appear if 2 above is ticked*

Self Managed Fund Name

Applicants > View Applicant > Payroll Details

Fund Number

Applicants > View Applicant > Payroll Details

ABN



ESA



BSB



ACCOUNT NUMBER



If 3 is chosen below details show

- 1. The APRA super fund I nominate (complete Super Details below)
- 2. The self-managed super fund (SMSF) I nominate (complete SMSF details below)
- 3. The Super Fund nominated by my employer**

Applicants > View Applicant > Payroll Details

This will be handled internally by Your Company Name

Tax File Number

Applicants > View Applicant > Payroll Details

On what basis are you paid. (This is the wording in Australian TFN declaration)

- Full-time employment
- Part-time employment
- Labour Hire
- Superannuation or annuity income stream
- Casual Employment

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Financial (pg3 of 3)

Are you a foreign resident for tax purposes

Yes No
(If YES, then Tax-Free Threshold below will be auto ticked NO)

Are you a working holiday maker

Yes No
(If YES, then Tax-Free Threshold below will be auto ticked NO)

Do you want to claim the tax-free threshold
(Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold)

Yes No

Are you an Australian resident for tax purposes
(Visit ato.gov.au/residency to check)

Yes No

Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes No

Do you have a Financial Supplement debt

Yes No

Save and Continue



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Medical (pg1 of 2)
** required field*

YOUR COMPANY NAME COMMITMENT TO OCCUPATIONAL HEALTH AND SAFETY

The employees and management at Ubeaut Recruit are totally committed to the health and safety of it's workforce. In supporting this commitment, it is essential that all workers:

1. Adhere to all safe work practices, instructions and rules; and
2. Perform all duties in a manner which ensures the safety of others and yourself at all times; and
3. Take responsibility for their own safety obligations and commitments, as well as communicate concerns and opportunities, as a matter of priority.

Your Company Name consults with our workers on a regular basis to review and re-iterate our safety programs. You are encouraged to participate in this communication process.

Note: This questionnaire may be reviewed by a medical practitioner. You may be required to attend a full medical examination, physical and health history.

* Do you have a disability, injury or physical ailment that may prevent of or influence your employment. Yes No

Please provide details

* Have you had or are you currently making a claim for worker's compensation. Yes No

Please provide details

If you have received a final medical certificate, please upload it here.

Drop file(s) here

(jpg, gif, png, jpeg, doc, docx, pdf, tiff, tif, rtf only)

All medical Q&A's are put into one field being "Medical Notes"

* Are you willing to undertake a medical examination. Yes No

If NO please provide details.

* Are you willing to undertake a Drug and Alcohol test.

If NO please provide details.

Do you or have you suffered from any of the following:

* Back Injury Yes No

If YES please provide details.

* Knee Injury Yes No

If YES please provide details.

* Shoulder Injury Yes No

If YES please provide details.

* Neck Injury Yes No

If YES please provide details.

* Leg/Foot Injury Yes No

If YES please provide details.

* Hand/Arm Injury Yes No

If YES please provide details.



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Medical (pg2 of 2)

** required field*

* Face/Head Injury Yes No

* Are you taking any form of medication. Yes No

* Will this medication affect your attendance or work performance. Yes No

* Have you been hospitalised or had any operations. Yes No

* Have you had time off work due to injury or illness. Yes No

* Have you been involved in a serious car accident Yes No

* **Do you or have you ever had any of the following conditions:** Yes No

All medical Q&A's are put into one field being "Medical Notes"

- | | |
|-----------------------------------|---|
| Blood Pressure | Any Joint Problems/Fractures |
| Diabetes | Spinal/Back Muscle Injury |
| Hernia | Arthritis/Rheumatism |
| Visual Impairments | Allergies |
| Lung Problems/Asthma/Bronchitis | Affected by Confined Spaces |
| Fits/Seizures/Blackouts/Epilepsy. | Repetitive Stain/Overuse Injury/Carpel Tunnel |
| Hepatitis/Jaundice/Liver Troubles | Affected by Heights |
| Persistent Headaches/Migraines | Heart Trouble/Disease |
| Stomach Problems/Ulcers | Burns |
| | Mental Health |

* **Have you ever had exposure to any of the following in your past** Yes No

- Loud Noise/Explosives/Gunfire
- Asbestos
- Chemicals
- Radiation
- Dust
- Lead

* Have you ever had any injuries, exposure or medical conditions that are not already covered in this medical questionnaire. Yes No

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Profession

** required field*

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* 1. Select your **Primary Profession** from the drop down menu below

Populated by SearchMe ▼

[Applicants > View Applicant > Trades & Skills](#)

2. Select the relevant **Skills** from the drop down below

Populated by SearchMe ▼

[Applicants > View Applicant > Trades & Skills](#)

3. Click **Add Skill**

Add Skill

[Applicants > View Applicant > Trades & Skills](#)

Skill
Populated by SearchMe

4. Repeat the process of adding Skills. They will show on the list above.

Save and Continue



phone number

Info recorded in:

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Tickets / Certificates

** required field*

1. Select your **Ticket / Certificate** from the drop down menu below

Select your ticket or certificate. Populated from SearchMe

Applicants > View Applicant > Tickets

2. Ticket issue date

27/10/2021

3. Ticket expiry date

(If ticket has no expiry date, leave date blank)

4. Who was the ticket issued by

27/10/2021

5. Upload Ticket / Certificate

Upload Ticket or Certificate Browse...

(jpg, gif, png, jpeg, doc, docx, pdf, tiff, tif, rtf only)

6. Add Ticket / Certificate which will show in the list below

Add Ticket

Ticket	Issued	Expires

7. Repeat the process until all relevant Tickets / Certificates are added

Please note that before a final offer of employment is made, you will be asked to provide original copies of your Tickets/Certificates to be sighted by representative of **Your Company Name.**

Save and Continue



Info recorded in:
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 Portal PDF only
(manual input into SearchMe required)

References
** required field*

Please provide two current references i.e. the last 3-5 years.
References must be from a previous or current manager or supervisor.

JOB ONE

Company * Applicants > View Applicant > Reference Checks

REFEREE 1:

Referee Name * ""

Referee Position * ""

Referee Phone ""

Referee Email ""

Is this person aware they are the work referee for you. Yes No To Be Confirmed

Can this person be contacted now by Yes No To Be Confirmed

Your Position * ""

Start Date ""

Finish Date ""

JOB TWO

Company * Applicants > View Applicant > Reference Checks

REFEREE 2:

Referee Name * ""

Referee Position * ""

Referee Phone ""

Referee Email ""

Is this person aware they are the work referee for you. Yes No To Be Confirmed

Can this person be contacted now by Yes No To Be Confirmed

Your Position * ""

Start Date ""

Finish Date ""

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* required field

Info recorded in:

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Safety

* required field

By clicking the boxes below I acknowledge that I have read and understood each of the policies and procedures as outlined by [Your Company Name]

I understand that I can be provided copies of these policies if required.

I acknowledge that I will ask for clarification from [Your Company Name] if there is any part of these policies that I do not understand or agree with.

Policies

In order to proceed to the next page, please open each document. Then tick the box beside the 'open' tab to confirm you have opened and read the document.

* Code of Conduct	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Code of Conduct
* Alcohol in the workplace	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Alcohol in the workplace
* Environmental	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Environmental
* Equal Employment Opportunity	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Equal Employment Opportunity
* Heat Stress	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Heat Stress
* Health and Safety	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Health and Safety
* Personal Protective Equipment	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Personal Protective Equipment
* Records Maintenance	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Records Maintenance
* Wages Policy	<input type="button" value="open"/>	<input type="checkbox"/>	I have opened and read the Wages Policy

←
These policies
are indicative only.

* I have read my Employment Contract and agree to all the Terms and Conditions outlined in the Employment Contract with [Your Company Name]



- Fair Work Statement
 - Work Health & Safety General
 - Induction Handbook and Employment Contract
- are indicative only

Once you have completed your online registration, a copy of the Fair Work Statement, Work Health & Safety General Induction Handbook & Employment Contract will be emailed to you.

Save and Continue



phone number

Review

The list below reflects fields which require information to be completed

Error Message

The Mobile field is required.

The Gender field is required.

The question about medical examination needs to be answered in the medical section.

The question about drug and Alcohol test needs to be answered in the medical section.

The question about back injury needs to be answered in the medical section.

The question about knee injury needs to be answered in the medical section.

The question about shoulder injury needs to be answered in the medical section.

The question about neck injury needs to be answered in the medical section.

The question about leg/foot injury needs to be answered in the medical section.

The question about hand/arm injury needs to be answered in the medical section.

The question about face/head injury needs to be answered in the medical section.

The question about taking medication needs to be answered in the medical section.

The question about medication affecting attendance or performance needs to be answered in the medical section.

The question about being hospitalised needs to be answered in the medical section.

If the 'submit' button below is not enabled, please complete the fields shown above and re-submit.

Submit Application

Thankyou

Thank you for taking the time to submit your application to [Your Company Name]

Your application will be reviewed by our Recruitment Team.

If you are short listed, a Consultant will contact you on the number or email you have provided.

If you are not short listed on this occasion, your application will be kept on file in case other opportunities arise.