



# **A B Safety Rail Pty Ltd**

## **ABSR Information**

### **ZERO HARM**

*ABSR has a dedicated commitment to zero harm. Zero harm to all persons in the rail corridor, to the environment, to heritage/cultural sites and to the community at large.*

*ABSR has no room for a 'she'll be right' or 'one size fits all' attitude when it comes to safety. Each and every job is unique!*

### **DRUGS & ALCOHOL**

*ABSR has a zero tolerance of Drugs and Alcohol in the workplace.*

*We are not a Rail Operator, but work under the authority of Rail Operators (e.g. ARTC and John Holland Rail CRN).*

*We follow the same Drug & Alcohol rules that apply to Rail Operators.*

*Random Drug & Alcohol testing can and will occur on site at any time.*

*ABSR encourages our employees to seek professional help if they are experiencing problems with drugs and or alcohol.*

### **FATIGUE**

*Fatigue represents a significant source of hazard in the worksite. It reduces your alertness and decision making ability.*

*Worksites must be kept safe from the hazards of fatigue.*

*Fatigue is difficult to scientifically define or measure, but it is a very real hazard.*

*Fatigue stops you from being able to protect yourself, or other people, from other hazards.*

### **CODE OF CONDUCT**

*All Managers and Employees of ABSR are expected to conduct themselves in a courteous and professional manner at all times to members of the public, employees of other companies and each other.*

### **QUALITY ASSURANCE**

*To ensure the quality of the service provided to our clients ABSR will seek feedback from our clients. This will be done by:*

*Phone calls to the site supervisor and employee on site*

*Site audits can and do occur by the Rail Operator.*

*The information obtained will be kept confidential and used to help improve our service as well as help address any training needs that may be required.*

### **SUPERANNUATION**

*ABSR's default superannuation fund is Australian Super.*

*If you wish to have your superannuation paid to another fund, you will need to complete all details on the choice of fund form, which will be sent once your application has been processed and assessed as suitable for employment with ABSR.*

### **PRIVACY**

*ABSR recognises the importance of keeping your information confidential. ABSR will only release your information for training/accreditation purposes, to a client for job detail information or if we are required to do so by legislation. For any other purpose, e.g. financial institutions, a signed authority is required.*

### **APPLICATION PROCESS**

*Once you have read this introduction letter, completed the two page application form and two page experience survey, please return these pages with colour copies of your current Rail Safety Worker Card, Copies of your statements of Attainment from the RTO who assessed you, the Clearance page of your Category 1 medical, WHS White Card and your driver's licence.*

*In accordance with the ABSR Recruitment Procedure and Quality Management Plan, your referees will be contacted for a reference check.*

*Please note that references may be sourced from a third party if required.*

*Pay rates and allowances will be advised at the time of being placed on a job.*

*Upon placement of your first job with ABSR, you will be required to complete and return an original Tax Declaration form to the ABSR office.*

**ABSR – an Equal Employment Opportunity Employer**  
**PO Box 2142 Woonona East NSW 2517**

**Tel 02 4285 4514 | Mob 0403 220 056 | Fax 02 4285 8480**  
**www.absafetyrail.com.au | enquiries@absafetyrail.com.au | ABN 56 112 926 593**

**Application for Employment**

*Surname:* \_\_\_\_\_ *First Name/s:* \_\_\_\_\_  
\_\_\_\_\_

*Preferred Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_  
\_\_\_\_\_

*Address:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Email address:* \_\_\_\_\_  
\_\_\_\_\_

*Mobile Number:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_  
\_\_\_\_\_

*Licence Number:* \_\_\_\_\_ *Expiry Date:* \_\_\_\_\_  
\_\_\_\_\_

*Next of Kin:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_  
\_\_\_\_\_

*Mobile Number:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_  
\_\_\_\_\_

*Do you have any medical conditions that could impact on your duties on site? Yes / No*  
*(e.g. diabetes, high blood pressure etc)*

*Do you need medication for this condition? Yes / No*

*Do you take medication on a regular basis? Yes / No*

*If yes, please give details including medication used and treatment required should the condition arise on site.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Have you in the past or are you currently involved in a workers compensation claim? Yes / No*  
*If yes, please give details including injury date, clearance date and status of claim.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***BANK DETAILS*** - Wages are paid directly into a bank account. Please provide the following details.

*Financial Institution:* \_\_\_\_\_ *BSB Number:* \_\_\_\_\_  
\_\_\_\_\_

*Account Name:* \_\_\_\_\_ *Account Number:* \_\_\_\_\_  
\_\_\_\_\_

**SAFETY EQUIPMENT:** Please advise the safety equipment in your possession as follows (please tick):

Essential:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Long Pants                              | <input type="checkbox"/> Metal Whistle                | <input type="checkbox"/> Ear Protection   |
| <input type="checkbox"/> Long Sleeve Shirt                       | <input type="checkbox"/> Air Horn                     | <input type="checkbox"/> Hard Hat         |
| <input type="checkbox"/> Lace-Up Ankle Height Steel Capped Boots | <input type="checkbox"/> Tri Coloured Torch           | <input type="checkbox"/> Wide Brimmed Hat |
| <input type="checkbox"/> Rail Accredited Hi-Viz Safety Vest      | <input type="checkbox"/> SL & Rail Boundary Gate keys | <input type="checkbox"/> Sunscreen        |
| <input type="checkbox"/> Red and Green Flags<br>Glasses          | <input type="checkbox"/> Red Lights                   | <input type="checkbox"/> Safety           |

Non-Essential:

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Wet Weather Clothing | <input type="checkbox"/> Traffic Control Bats | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> XL key               |   |                                 |

**QUALIFICATIONS:**

Ticket Name	Level	Ticket Name	Yes or No
Handsignaller		ARTC Pegasus Card	
Protection Officer		RailCorp Card	
Safeworking Officer		Power Out Permit	
PW 52/53		WHS White Card	
ARTC + HBT Inductions		TVO / TMO	
JHR CNR Induction		Category 1 Medical	

Qualifications will be verified with the issuing RTO.

**WORK HISTORY:** If there is not enough space, please attach a separate sheet.

Company Name	Date started	Date finished	Duties Performed

**REFERENCES:** Please list three rail referees and contact numbers

In accordance with the ABSR Recruitment Procedure and Quality Management Plan, your referees will be contacted. Please note that References may be sourced from a third party if required.

Name	Company	Phone Number

If I have any future questions or require any further information, I will ask the ABSR office.

I have read and I understand the entire attached ABSR Information sheet.

I have been advised that ABSR will only release my information for training/accreditation purposes, to a client for job detail information or if they are required to do so by legislation. For any other purpose, e.g. financial institutions, a signed authority is required.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

To help us to support you and develop your career, we need to learn what work experience you've had.

***Please answer honestly.***

Name:			Date:		
Have you Ever	A few Times	Often	Have you Ever	A few Times	Often
<b>Safeworking Officer Duties You Have Performed</b>			<b>PO-1 Duties You Have Performed</b>		
Issued CAN forms			Protected worksite using Lookout Working		
Issued SPA forms			Protected a worksite using CSB		
Piloted track vehicles outside LPA/TOA			Held an EMSL key for protection		
Operated a signalling panel					
Conducted pilot staff working			<b>WHA-02 Duties You Have Performed</b>		
			Flagged at a signal for a TOA		
<b>PO-4 Duties You Have Performed</b>			Flagged at a defective Signal		
Implemented / Managed an LPA			Flagged at a level crossing		
			Watched a signal / sat in signal box for CSB protection		
<b>PO-3 Duties You Have Performed</b>			Piloted a work-train / hi-Rail under TOA		
Protected a worksite using TWA			Piloted a work-train / hi-Rail under LPA		
Obtained XYZ keys			Piloted a work-train / hi-Rail under direction from signal box		
Protected an F-Type level crossing (lights and bells)					
Co-ordinate rail traffic through multiple sites as the PO			<b>WHA-01 Duties You Have Performed</b>		
			Inner Handsignaller at fixed location		
<b>PO-2 Duties You Have Performed</b>			Outer Handsignaller at fixed location		
Protected a worksite using TOA			Act as lookout		
Held an Electric Staff for protection					
Held a Pilot Staff for protection			<b>PW 52/53 Duties You Have Performed</b>		
Held a Half Pilot Staff for protection			Correctly level measuring board		
Controlled a hi-Rail within a TOA			Measured turn-outs		
Protected worksite within an LPA			Measured cross-overs		
Controlled a hi-Rail in an LPA			Measured superelevation		
			Measured creep		

To help us to support you and develop your career, we need to learn what work experience you've had.

**Please answer honestly.**

Name:			Date:		
Have you Ever	A few Times	Often	Have you Ever	A few Times	Often
Location & Conditions You've Worked at			Other Duties You Have Performed		
Tunnels			Manually operated a set of points using the EMSL handle		
Remote locations			Clipped and locked a set of points		
Metro areas			Issued CAN forms		
Train Order Territory (Network Rule NSY502)			Power Out Permit		
Electric / Pilot Staff areas			Used demarcation tape		
Areas with reduced sight distances (cuttings, bends etc)			Used rail signal detonators		
Areas with poor radio or phone coverage			Used handheld radio		
Protected a worksite at a level crossing			Principle Possession Officer (PPO)		
Protected a worksite that effected track circuits			TVO		
Protected a worksite at night			Minimum Warning Time - 10 seconds in a safe place		
Protected a worksite in bad weather conditions					
Handsignalled using multi-colour hand lamp at night			<b>Other</b>		
Handsignalled as inner Handsignaller at multi worksite			First Aid Ticket		
Handsignalled at night in bad weather conditions			Power Out Permit		
Performed inner Handsignaller duties at a staff hut			Traffic Controller ticket		
Manually operated failed switch motors					
At block post during block working					
With re-sleeping crew					
With track welding crew					
With an overheads maintenance / renewals crew					
With signals maintenance					
With vegetation control					

**ABSR – an Equal Employment Opportunity Employer  
PO Box 2142 Woonona East NSW 2517**

**Tel 02 4285 4514 | Mob 0403 220 056 | Fax 02 4285 8480  
www.absafetyrail.com.au | enquiries@absafetyrail.com.au | ABN 56 112 926 593**