

EXPRESSION OF INTEREST APPLICATION

If not apprenticed in Australia do you hold an Australian Trades Certificate?
 Yes/No
 Or do you hold a Certificate of Recognition? Yes / No

Employment History (most recent first)

Employer:	Position Held:
Address:	Duties:
Phone:	Supervisor/s:
Employed from:	To:
Reason for Leaving:	

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Phone:	Supervisor/s:
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Reason for Leaving:			
Restrictions (tick each box where you are NOT prepared/able to work)			
<input type="checkbox"/> At Heights <input type="checkbox"/> Shift Work <input type="checkbox"/> Call Outs <input type="checkbox"/> Hot Conditions <input type="checkbox"/> Confined Spaces		<input type="checkbox"/> Near Water <input type="checkbox"/> Outside Local Area <input type="checkbox"/> Lifting Heavy Weights <input type="checkbox"/> Reasonable Overtime <input type="checkbox"/> Other (details	
<i>The following sections are to be completed prior to any pre employment medical examination</i>			
Medical History			
Do you have any restrictive health problems? (tick each box to confirm)			
<input type="checkbox"/> Hearing <input type="checkbox"/> Eyesight <input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Skin Disorders <input type="checkbox"/> Back Problems	<input type="checkbox"/> Respiratory Problems <input type="checkbox"/> Heart Condition <input type="checkbox"/> Other	
Please provide details:			
Are you on any medication? Yes / No If Yes, please provide details:			
Doctor's Name (in case of emergency) :			
Date of last medical check-up:		Doctor's Ph No:	
Worker's Compensation			
Have you ever claimed Worker's Compensation? Yes / No			
Date of Injury	Employer	Nature of Injury	Days Off

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Referees		
1. Name: _____ Company: _____		
Phone: _____ Email: _____		
2. Name: _____ Company: _____		
Phone: _____ Email: _____		
<i>The following information is required to be completed prior to any commencement:</i>		
Are you an Australian citizen for taxation purposes? Yes / No		
Permanent Resident? Yes / No or Using a Work Visa? Yes / No		
Expiry Date: _____		
<i>Please provide copy of supporting documentation eg. birth certificate, passport or Visa</i>		
Date of Birth: _____	Country of Birth: _____	
Driver's Licence No.: _____	Class of Licence: _____	
Memberships & Affiliations		
Type	Name	Registration No.
Union		
Industry Associations		
Superannuation Fund		
Long Service Leave		
Redundancy Funds		

The information provided in this application form is accurate to the best of my knowledge and subject to verification. I understand that I may be refused employment, or be terminated if I knowingly provide false or misleading information.

Signature: _____ Date _____

EXPRESSIONS OF INTEREST (including additional information such as CV's, copies of qualifications, tickets, proof of residency etc) can be submitted via email to: headoffice@mainteck.com.au or via mail to:

**Human Resources
PO Box 260
WARRAWONG NSW 2502**