



## 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:	

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

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

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

# EXPRESSION OF INTEREST APPLICATION

Reason for Leaving:			
<b>Restrictions (tick each box where you are NOT prepared/able to work)</b>			
<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>			
<b>Medical History</b>			
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:	
<b>Worker's Compensation</b>			
Have you ever claimed Worker's Compensation? Yes / No			
Date of Injury	Employer	Nature of Injury	Days Off

## EXPRESSION OF INTEREST APPLICATION

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](mailto:headoffice@mainteck.com.au) or via mail to:

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