

Expression of Interest – Bellis Australia

Title: _____ Surname: _____ First Names: _____
(Mr/Ms)

Street: _____

Suburb: _____ State: _____ Post Code: _____ Phone No: _____

Mobile: _____

Postal Address (if different from above): _____

Date of Birth (voluntary):/...../.....

E-mail Address: _____

Emergency Contact 1 Name: _____

Phone: _____ Mobile: _____

Emergency Contact 2 Name: _____

Phone: _____ Mobile: _____

Are you of Aboriginal or Torres Strait Islander origin Yes No

LIST YOUR PREFERRED EMPLOYMENT – Based on your skills and qualifications (by preference)

Eg: Boilermaker, Rigger, Trades Assistant, etc.

1. _____ 2. _____

3. _____ 4. _____

QUALIFICATIONS – List your qualifications, including any licences and certificates (*Please attach copies if applicable*)

<u>License/Qualification</u>	<u>Date Obtained</u>	<u>Expiry Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

When are you available to begin employment? Date: _____

Have you completed a General Safety induction – Construction Industry? Yes No Number: _____

Drivers Licence No: _____ State: _____ Class: _____ Expiry Date: _____

MEDICAL HISTORY:

Condition of Health: Good Fair Poor

Do you suffer any medical condition or limitation which may restrict the performance of any duties? Yes No

If Yes, describe briefly the condition or limitation: _____

Do you suffer any medical condition for which you either do, or are required to, control through Medication? Yes No

If Yes, describe the condition and any necessary medication: _____

Are you prepared to undergo a medical examination, including drug screen test? Yes No

Please advise of any Work Related Injuries that resulted in a Workers Compensation Claim: _____

EMPLOYMENT HISTORY – MUST COVER at least the last 5 YEARS or your last 4 JOBS

Current or most recent Employer: _____ Project Name (if applicable): _____

Position Held: _____ Date Employed: _____ To _____ Time in Role: _____

Name of Supervisor: _____ Contact Number: _____ Can we contact this person this person as a reference?: _____

Description of duties performed: (eg.type & size of machinery operated, site experience, construction skills etc) limit response to no more than 20 words.

_____ Reason for Leaving: _____

Employer's Address: _____ State: _____ Post Code: _____

Previous Employer: _____ Project Name (if applicable): _____

Position Held: _____ Date Employed: _____ To _____ Time in Role: _____

Name of Supervisor: _____ Contact Number: _____ Can we contact this person this person as a reference?: _____

Description of duties performed: (eg.type & size of machinery operated, site experience, construction skills etc) limit response to no more than 20 words.

_____ Reason for Leaving: _____

Employer's Address: _____ State: _____ Post Code: _____

Previous Employer: _____ Project Name (if applicable): _____

Position Held: _____ Date Employed: _____ To _____ Time in Role: _____

Name of Supervisor: _____ Contact Number: _____ Can we contact this person this person as a reference?: _____

Description of duties performed: (eg.type & size of machinery operated, site experience, construction skills etc) limit response to no more than 20 words.

_____ Reason for Leaving: _____

Employer's Address: _____ State: _____ Post Code: _____

Previous Employer: _____ Project Name (if applicable): _____

Position Held: _____ Date Employed: _____ To _____ Time in Role: _____

Name of Supervisor: _____ Contact Number: _____ Can we contact this person this person as a reference?: _____

Description of duties performed: (eg.type & size of machinery operated, site experience, construction skills etc) limit response to no more than 20 words.

_____ Reason for Leaving: _____

Employer's Address: _____ State: _____ Post Code: _____

I declare that the above answers and statements are true and correct and I have not withheld anything that may affect my employment, engagement or ability to work. I understand that any false statements shall render my Expression of Interest for employment invalid, and that by knowingly supply false or misleading information, I will not be entitled to compensation or damages under the Workers' Compensation and Rehabilitation Act 2003 for any event that aggravates the non-disclosed pre-existing injury or condition.

Signature of Registrant: _____ Date: ____/____/____