

EXPRESSION OF INTEREST FORM MITCON PROJECTS



PLEASE READ AND ENSURE YOU UNDERSTAND THE FOLLOWING BEFORE COMPLETING THIS FORM.

1. Complete all sections. Incomplete forms will not be processed.
2. Attach photocopies of supporting documentation such as licences and certificates to this form. Do not attach originals. If you do not have copies with you when completing this form, your registration cannot be processed until you provide your copies.
3. Submitting this form is not an offer of employment and does not guarantee employment with Mitcon Projects.
4. We may contact any of your previous employers shown on this form for the purpose of confirming your employment details and determining your suitability for employment.

DECLARATION

BEFORE SIGNING THE DECLARATION BELOW, PLEASE READ THE FOLLOWING POINTS AND CLARIFY ANYTHING THAT YOU ARE UNSURE OF WITH MITCON PROJECTS

1. I certify that the information set out in this form to the best of my knowledge, is true and accurate.
2. I understand the Company reserves the right to verify all information and any false statements will be sufficient to cause my rejection as an applicant, my dismissal if hired, or termination of my agreement or contract.

FITNESS FOR WORK

It is important that you be medically fit to perform the duties associated with the occupation or position(s) you are registering for:

Do you agree to undergo a full pre-employment medical and physical assessment (including a drug and alcohol screen) at the Company's expense?

Yes No

Part of the Project's Fitness for Work policy includes a random Drug and Alcohol Program to help ensure employees are not impaired whilst at work. Do you agree to participate in this Program?

Yes No

Depending on the requirements of the work, some activities may be carried out at heights. Is there any medical condition or other reason to prevent you working at heights?

Yes No

Do you agree to not be in possession of or under the influence of, intoxicating liquor or drugs on the Project?

Yes No

Is there any reason preventing you from wearing or using Personal Protective Equipment (PPE)?

Yes No

If you answered "YES" to the above; please provide details.

OTHER PROJECT REQUIREMENTS

The Project involves construction activity and operational areas. It is therefore very important to observe certain rules and requirements. Are you prepared to:

Comply with all Company and Project safety rules and procedures?

Yes No

Wear and use the Project security swipe and identification card to enter and leave the site?

Yes No

Wear and use the appropriate safety harness when working at heights?

Yes No

Comply with all security requirements including vehicle, baggage and personal searches?

Yes No

If you are a smoker, are you prepared to comply with all Project rules, in relation to smoking?

Yes No

Wear and use the correct personal protective equipment?

Yes No

Not carry or use any mobile phones at the workplace unless authorised by the Project?

Yes No

Not carry or use any form of camera (including mobile phone cameras) on the Project?

Yes No

Not use, carry, or be in possession of any weapons or firearms on the Project?

Yes No

Not use, carry or be in possession of any matches, lighters or other spark emitting devices on the Project?

Yes No

SIGNATURE

I, _____ have read, understood and agree to the terms outlined in
(print name)
this document.

(signature)

...../...../.....
(dd/mm/yyyy)

RETURN THIS FORM TO

Mitcon Projects
PO Box 5433
Red Hill Rockhampton QLD 4701
AUSTRALIA

PERSONAL INFORMATION

Title: Mr Ms Mrs Miss Dr Prof
 Surname: _____ First Name(s): _____
 Middle Name(s): _____ Preferred Name: _____
 Date of Birth: _____ (dd/mm/yyyy) Email: _____

USUAL PLACE OF RESIDENCE

Residential address required - Post Office, 'care of' or employer addresses are unacceptable

Street: _____ Suburb: _____
 State: _____ Post Code: _____
 Country: _____

TELEPHONE

Home Phone: _____ Work Phone: _____
 Mobile Phone: _____

WORK ENTITLEMENT

Are you legally entitled to work in Australia without a visa? Yes No

INDIGENOUS

Are you of Aboriginal or Torres Strait Islander descent (optional)? Yes No

EMERGENCY CONTACT INFORMATION

This person must be a next of kin who can actually be contacted in the event of an emergency. The address must be their actual home address. A post box is not acceptable. At least one of these contacts must be in Australia.

Surname: _____ First Name(s): _____
 Relationship: _____

USUAL PLACE OF RESIDENCE

Residential address required - Post Office, 'care of' or employer addresses are unacceptable

Street: _____ Suburb: _____
 State: _____ Post Code: _____
 Country: _____

TELEPHONE

Home Phone: _____ Work Phone: _____
 Mobile Phone: _____

EMERGENCY CONTACT INFORMATION (OPTIONAL)

This person must be a next of kin who can actually be contacted in the event of an emergency. The address must be their actual home address.

Surname: _____ First Name(s): _____
 Relationship: _____

USUAL PLACE OF RESIDENCE

Residential address required - Post Office, 'care of' or employer addresses are unacceptable

Street: _____ Suburb: _____
 State: _____ Post Code: _____
 Country: _____

TELEPHONE

Home Phone: _____ Work Phone: _____
 Mobile Phone: _____

PERSONAL PROTECTIVE EQUIPMENT SIZING **MANDATORY**

Shirt: _____ Pants: _____

Preference (please tick): Jeans Cotton Drill

POSITIONS

IMPORTANT: Please tick the position you are applying for from the list below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Concreter | <input type="checkbox"/> Labourer | <input type="checkbox"/> Operator – Skid Steer Loader |
| <input type="checkbox"/> Concrete Finisher/Grouter | <input type="checkbox"/> Driver – Truck over 20 tonnes | <input type="checkbox"/> Operator – Excavator up to 20 Tonne |
| <input type="checkbox"/> Steel Fixer | <input type="checkbox"/> Driver – Truck over 20 tonnes | <input type="checkbox"/> Operator – Excavator over 20 Tonne |
| <input type="checkbox"/> Formworker/Carpenter | | |

Experience in position selected: Years months

CERTIFICATES AND QUALIFICATIONS

Please enter details of all certifications/qualifications held.

Certificate III

Building and Construction

Carpentry and Formwork

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Other

Concreting

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Steel Fixing

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Frontline Management

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Hazardous Areas

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Trades Certificates/Qualifications

Other

Carpentry/Formwork

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Concreting

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Steel Fixing

Certificate/Reference Number: _____ Registered Training Organisation(RTO): _____
Completed: _____ (dd/mm/yyyy)

Drivers Licence

Certificate/Reference _____
Number: _____

Expires: _____ (dd/mm/yyyy)

State Certified: _____

- Large Passenger Vehicle Driver Accreditation
- C (Car)
- LR (Light Rigid) MR
- (Medium Rigid) HR
- (Heavy Rigid)
- HC (Heavy Combination)
- MC (Multi Combination)

- R-N (Moped)
- R-E (Motorcycle max 250cc)
- R (Motorcycle)
- T (Taxi Licence Extension)
- Endorsement Commercial Passenger Vehicle (Bus)
- H Endorsement Commercial Passenger Vehicle

First Aid

Certificate/Reference _____
Number: _____

Details: _____

Expires: _____ (dd/mm/yyyy)

- CPR / Low Voltage Rescue (Switchboard Rescue)
- Perform CPR (HLTCPR201A)
- Emergency First Aid (Introductory First Aid)
- Industrial Health Care - ER / Emergency Response (Industrial Ambulance Care)
- Industrial Health Care - OER / Offshore Emergency Response
- Industrial Health Care - OP / Offshore Paramedic

- Industrial Health Care - PM / Paramedic (Industrial Paramedic)
- Remote Area First Aid
- Senior First Aid
- Basic Workplace First Aid (Worksafe Level 1)
- Workplace First Aid (Worksafe Level 2)
- Occupational First Aid (Worksafe Level 3)

High Risk Work Licence (WorkSafe Certificate)

Certificate/Reference _____
Number: _____

Issued Date: _____ (dd/mm/yyyy)

Expires: _____ (dd/mm/yyyy)

State Certified: _____

- CS - Self Erecting Tower Crane
- C2 - Slewing Mobile Crane Operation (up to 20T)
- C6 - Slewing Mobile Crane Operation (up to 60T)
- C1 - Slewing Mobile Crane Operation (up to 100T)
- C0 - Slewing Mobile Crane Operation (Open/Greater than 100T)
- CN - Non-slewing Mobile Crane Operation (Greater than 3T)
- CT - Tower Crane Operation
- CD - Derrick Crane Operation
- CP - Portal Boom Crane Operation
- CB - Bridge & Gantry Crane Operation
- CV - Vehicle-loading Crane Operation (10T or Greater)
- DG - Dogging
- RB - Basic Rigging
- RI - Intermediate Rigging
- RA - Advanced Rigging

- SB - Basic Scaffolding
- SI - Intermediate Scaffolding
- SA - Advanced Scaffolding
- PB - Concrete-placing Boom Operation
- WP - Boom-type Elevating Work Platform
- HM - Material Hoist Operation (Cantilever Platform)
- HP - Hoist Operation (Personnel & Materials)
- LF - Forklift Truck Operation
- LO - Order-picking Forklift Truck
- BB - Basic Boiler Operation
- BI - Intermediate Boiler Operation
- BA - Advance Boiler Operation
- ES - Reciprocating Steam Engine Operation
- TO - Turbine Operation

Mobile Plant Operation

Certificate/Reference _____
Number: _____

Details: _____

Completed: _____ (dd/mm/yyyy)

- Haul Truck Operation
- Dozer Operator
- Dump Truck (Rigid or Articulated)
- Excavator Operator
- Front End Loader / Backhoe Operator
- Front End Loader Operator

- Grader Operator
- Roller Operator
- Scraper Operator
- Skid Steer Loader Operator
- Water Cart Operator

Other _____ Details: _____

OHS Construction Induction Card

Certificate/Reference _____
Number: _____

Issued Date: _____ (dd/mm/yyyy)

State Certified: _____

Passport

Passport Number: _____
Country of Issue: _____

Expires: _____ (dd/mm/yyyy)

Visa

Certificate/Reference _____
Number: _____

Issue Date: _____ (dd/mm/yyyy)

Expires: _____ (dd/mm/yyyy)

- 457
- Other

HEALTH

IMPORTANT: A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete this section accurately.

IMPORTANT: The information provided in this section may be made available to an insurer in connection with any claim for workers compensation. A worker may not be eligible for compensation for an injury or disability sustained in the workplace where it is proved that the worker made wilful and false representations as not having previously sustained the injury or disability at the time of seeking or entering employment. Therefore, it is important that your answers are correct.

Have you ever made a claim for Worker's Compensation? Yes No

If YES, please provide details:

Description of Injury or Disability	Date Occurred (dd/mm/yyyy)	Duration	Employer

A disability or injury is not a barrier to the consideration of an application for employment. To assist in assessing opportunities for placement in appropriate employment, please complete the following:

Do you have a disability, injury, illness or condition that may affect any aspect of your work performance or that may be aggravated or accelerated by the type of work you are applying for? Yes No

If you answered 'YES' to the above; please provide details:

Are you currently taking any prescribed medications? Yes No

If you answered 'YES' to the above; please provide details:

Do you have any allergies? Yes No

If you answered 'YES' to the above; please provide details:

Do you wear contact lenses or prescription glasses? Yes No

EMPLOYMENT HISTORY

Beginning with your current or most recent employment, please provide details of the last five years including any periods of unemployment.

IMPORTANT: We will contact any of your previous employers shown below for the purpose of confirming your employment details and determining your suitability for employment.

May we also contact your current employer? Yes No

Start date: _____ (dd/mm/yyyy) End date: _____ (dd/mm/yyyy)

Company name: _____ Position held: _____

Location/project: _____ Name of supervisor: _____

Telephone number(s): _____ Main duties and responsibilities: _____

Reasons for leaving: _____

Start date: _____ (dd/mm/yyyy) End date: _____ (dd/mm/yyyy)

Company name: _____ Position held: _____

Location/project: _____ Name of supervisor: _____

Telephone number(s): _____ Main duties and responsibilities: _____

Reasons for leaving: _____

Start date: _____ (dd/mm/yyyy) End date: _____ (dd/mm/yyyy)

Company name: _____ Position held: _____

Location/project: _____ Name of supervisor: _____

Telephone number(s): _____ Main duties and responsibilities: _____

Reasons for leaving: _____

Start date: _____ (dd/mm/yyyy) End date: _____ (dd/mm/yyyy)
 Company name: _____ Position held: _____
 Location/project: _____ Name of supervisor: _____
 Telephone number(s): _____ Main duties and responsibilities: _____
 Reasons for leaving: _____

Start date: _____ (dd/mm/yyyy) End date: _____ (dd/mm/yyyy)
 Company name: _____ Position held: _____
 Location/project: _____ Name of supervisor: _____
 Telephone number(s): _____ Main duties and responsibilities: _____
 Reasons for leaving: _____

Start date: _____ (dd/mm/yyyy) End date: _____ (dd/mm/yyyy)
 Company name: _____ Position held: _____
 Location/project: _____ Name of supervisor: _____
 Telephone number(s): _____ Main duties and responsibilities: _____
 Reasons for leaving: _____

Start date: _____ (dd/mm/yyyy) End date: _____ (dd/mm/yyyy)
 Company name: _____ Position held: _____
 Location/project: _____ Name of supervisor: _____
 Telephone number(s): _____ Main duties and responsibilities: _____
 Reasons for leaving: _____

PREVIOUS EMPLOYMENT HISTORY

If there was insufficient room above to cover the last five years, then please provide further information here.

Company Name	Position Held	Name of Supervisor	Telephone Number(s)	Employment Dates (month/year)	Location/Project

PLEASE TELL US MORE ABOUT YOURSELF

If you have had any experience in Leading Hand, Supervisory or Leadership roles, please detail all relevant information.

What, in your experience, is the best way to go about correcting or making safe a work area that has hazards?

What do you believe to be the most important thing that helps create a safe working environment?

What do you believe is the best way to resolve any work related issues or grievances?

In order of priority, list who is accountable for your safety: Employer, Yourself, Work mates, Worksafe.