

Expression of Interest in Employment

Please read and ensure you understand the following before completing this form

1. Complete all sections. Incomplete forms cannot be processed
2. Attached copies of supporting documents, such as resume, qualifications, licences and certificates
3. Submitting this form is not an offer of employment and does not guarantee employment at GE

What position/ location are you applying for?

Are you seeking: Please tick

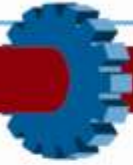
FIFO/ DIDO: Residential: Casual: Fulltime: Part-time:

SECTION 1: PERSONAL DETAILS

Last Name:		MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/>
First Name/s:		D.O.B:
Residential Address:		
Contact Number:		Mobile:
Email:		
Current Occupation:		
Are you Aboriginal or Torres Strait Islander?		
Are you currently studying? What type?		
Are you an Australian resident? Y / N		
If not, do you hold a current Visa? What type?		

SECTION 2: HIGHEST EDUCATION / TRADE QUALIFICATIONS

Highest Education or Trade Level achieved:	Year completed:
Name of organization where completed:	



SECTION 3: WORKSAFE COMPETENCY

Do you have a Worksafe certificate competency?	Y / N	If yes, please attach certificate
Please list type and level of competency (e.g. rigging, dogging/ basic, intermediate, advanced)		

SECTION 4: FIRST AID CERTIFICATE

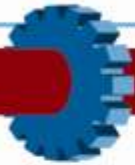
Do you currently hold a First Aid certificate? If yes, please attached a copy	Y / N	What type? (e.g. Apply first aid, basic first aid, workplace first aid etc)
If no, are you willing to undergo training?	Y / N	

SECTION 5: OTHER LICENCES/CERTIFICATES/QUALIFICATIONS/TRAINING

Do you hold any other qualifications?	Y / N	Date completed:	Please attach copy
Details:			
Do you hold a current drivers licence?	Y / N	Number:	Class: Please attach copy
Do you have any prior convictions? Y / N If yes, please provide details			
If requested, will you be able to obtain a Police Clearance? Y / N			

SECTION 6: SUPERVISORY / LEADERSHIP ROLES

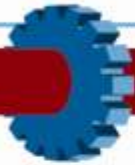
Please provide a brief summary of your experience in any of these roles and provide all relevant information



SECTION 7: EMPLOYMENT HISTORY

Please attached a copy of your most current resume as well as completing the section below. Begin with your most current employment, please include details of the last 7 years including any periods of unemployment, attached a separate page if needed

1. Company Name:		Position Held:	
Name of Supervisor:		Phone Number:	
Employed From: M/Y		Employed To: M/Y	
Location/ Project:			
Your main duties and responsibilities:			
Reason for Leaving:			
2. Company Name:		Position Held:	
Name of Supervisor:		Phone Number:	
Employed From: M/Y		Employed To: M/Y	
Location/ Project:			
Your main duties and responsibilities:			
Reason for Leaving:			
3. Company Name:		Position Held:	
Name of Supervisor:		Phone Number:	
Employed From: M/Y		Employed To: M/Y	
Location/ Project:			
Your main duties and responsibilities:			
Reason for Leaving:			
4. Company Name:		Position Held:	
Name of Supervisor:		Phone Number:	
Employed From: M/Y		Employed To: M/Y	
Location/ Project:			
Your main duties and responsibilities:			
Reason for Leaving:			
5. Company Name:		Position Held:	
Name of Supervisor:		Phone Number:	
Employed From: M/Y		Employed To: M/Y	
Location/ Project:			
Your main duties and responsibilities:			
Reason for Leaving:			



PREVIOUS EMPLOYMENT HISTORY

Please provide further information here if sufficient space above to cover the last 7 years, attached a separate page if needed

Company Name	Position Held	Supervisor	Telephone No.	Employment Dates (Month/Year)	Location or Project

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

May we also contact your current employer? Y / N

SECTION 8: HEALTH

a) A previous worker's compensation claim is not a barrier to the consideration of an application for employment. To assist us in assessing opportunities for placement in appropriate employment, please complete this section accurately.

The information provided in this section may be made available to an insurer in connection with any claim for worker's compensation. A worker may not be eligible for compensation for an injury or disability 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.

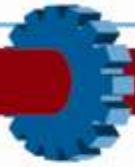
Have you ever made a claim for worker's compensation? Y / N If yes, please provide details below			
Description of Injury or disability	Date Occurred	Duration	Employer

b) A Disability, illness or condition 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

1. 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 that you are applying for? Y / N
If yes, please provide details:

2. Are you currently taking any prescribed medications? Y / N
If yes, please provide details:

3. Do you wear contact lenses? Y / N



SECTION 9: FITNESS FOR WORK

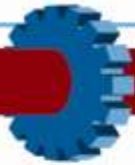
It is important that you be medically fit to perform the duties associated with the occupation or positions you are applying for.

Do you agree to undergo a full pre-employment medical assessment at the company's expense? Including drug and alcohol screen	Y / N
As part of GE's drug and alcohol policy employees are required to participate in random drug and alcohol screening to ensure they are not impaired at work. Do you agree to participate in the screening?	Y / N
Do you agree to not be in possession, under the influence, or the consumption of, intoxication liquor or drugs whilst at GE?	Y / N

SECTION 10: OTHER GE REQUIREMENTS

GE work involves construction and/or commissioning activities within operational areas and on project sites. It is therefore very important that you observe certain rules and requirements. **Are you prepared to;**

Comply with all GE and/or clients safety rules and procedures?	Y / N
Wear and use client security swipe and identification cards as required on some sites?	Y / N
Wear and use appropriate safety harness when working at heights?	Y / N
Comply with client site security requirements, including vehicle, baggage and personal searches?	Y / N
If you are a smoker, are you prepared to comply with GE and client rules on smoking?	Y / N
Wear and use the correct personal protective equipment?	Y / N
Not carry or use personal mobile phones at the workplace unless authorized by GE and/or client?	Y / N
Agree to work outside normal working hours (o/time and weekends), if required to meet client time frames?	Y / N
Are you prepared to work outside normal hours with minimum prior notification, as far as reasonably able?	Y / N



SECTION 11: GE CODE OF CONDUCT

GE has a code of conduct that all employees are required to work within. This code is the minimum standard of behaviour expected by all GE team members (including management) and allows work colleagues to know what can be reliably expected of each other.

The code of conduct is a live document and is modified as required with consultation with all team members. The current code of conduct can be provided to you at time of interview and is available on request.

Do you agree to be actively involved in the development and implementation of the GE code of conduct?	Y / N
Do you agree to abide by the GE code of conduct at all times?	Y / N

SECTION 12: DECLARATION

Before signing the declaration below, please read the following points and clarify anything that you are unsure of with GE recruitment staff.

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

I understand and agree to the terms above.

Signature: _____

Print Name: _____

Date: _____