

By completing this Form, you are confirming your Registration of Interest for employment with **Intico** ("the Company").

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

1. Complete all sections. Incomplete forms cannot 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 at Intico.

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.

SECTION 1: PERSONAL DETAILS

Mr Mrs Miss Ms

PREFERRED
NAME
(or nick name):

LAST NAME (family name):

FIRST NAME/s:

DATE OF
BIRTH: / /

USUAL RESIDENTIAL ADDRESS:

(number and street name):

SUBURB:

COUNTRY:

STATE:

POST
CODE:

Please provide all your contact phone numbers and tick the number you most prefer to be contacted on.

HOME PHONE:

MOBILE:

WORK PHONE:

EMAIL ADDRESS:

CURRENT OCCUPATION:

ARE YOU AN AUSTRALIAN RESIDENT?

YES NO

If you are not an Australian Resident please attach details of the immigration visa which allows you to work in Australia.

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY INTICO?

YES NO

If YES, for how long? years months when

HAVE YOU EVER WORKED IN THE CONSTRUCTION MINING INDUSTRY?

YES NO

If YES, for how long? years months

ARE YOU CURRENTLY COMPLETING AN APPRENTICESHIP?

YES NO

If YES, what year of your Apprenticeship are you in?

DO YOU HAVE A WORKSAFE CERTIFICATE OF COMPETENCY?

YES NO

SECTION 2: POSITION SOUGHT

Please provide a brief statement on what type of work you would be interested in at intico.

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SECTION 7: EMPLOYMENT HISTORY

Please attach a copy of your most current CV in either .doc or .pdf format. The section below also needs to be completed.

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

1. Company name:	Position held:
Name of Supervisor:	Telephone number/s:
Employment dates: FROM: / (month / year)	TO: / (month / year)
Your main duties and responsibilities?	
Location/project:	Reason for leaving:

2. Company name:	Position held:
Name of Supervisor:	Telephone number/s:
Employment dates: FROM: / (month / year)	TO: / (month / year)
Your main duties and responsibilities?	
Location/project:	Reason for leaving:

3. Company name:	Position held:
Name of Supervisor:	Telephone number/s:
Employment dates: FROM: / (month / year)	TO: / (month / year)
Your main duties and responsibilities?	
Location/project:	Reason for leaving:

4. Company name:	Position held:
Name of Supervisor:	Telephone number/s:
Employment dates: FROM: / (month / year)	TO: / (month / year)
Your main duties and responsibilities?	
Location/project:	Reason for leaving:

5. Company name:	Position held:
Name of Supervisor:	Telephone number/s:
Employment dates: FROM: / (month / year)	TO: / (month / year)
Your main duties and responsibilities?	
Location/project:	Reason for leaving:

6. Company name:	Position held:
Name of Supervisor:	Telephone number/s:
Employment dates: FROM: / (month / year)	TO: / (month / year)
Your main duties and responsibilities?	
Location/project:	Reason for leaving:

SECTION 7: EMPLOYMENT HISTORY (continued)

PREVIOUS EMPLOYMENT HISTORY (provide further information here if insufficient space above to cover the **last FIVE years**)

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

IMPORTANT: 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? Yes No

SECTION 8: HEALTH

A) 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.

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 below)

Description of Injury or Disability	Date Occurred	Duration	Employer

B) 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:

i) 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:

ii) Are you currently taking any prescribed medications? YES NO

If you answered "YES" to the above, please provide brief details:

iii) Do you wear contact lenses? YES NO

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 registering or applying for.

Do you agree to undergo a full pre-employment medical assessment (including a drug and alcohol screen) at the Company's expense?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Part of Intico's Fitness for Work policy includes a Drug and Alcohol Testing Program to help ensure employees are not impaired whilst at work. Do you agree to participate in this Program?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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	<input type="checkbox"/>	NO	<input type="checkbox"/>
Depending on the requirements of the work, some activities may be carried out in confined spaces. Is there any medical condition or other reason to prevent you working in confined spaces?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you agree to not be in possession of, under the influence of, or the consumption of, intoxicating liquor or drugs whilst at Intico	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION 10: OTHER PROJECT REQUIREMENTS

The Intico work involves construction activity within mining lease boundaries and operational areas. It is therefore very important to observe certain rules and requirements. **Are you prepared to:**

Comply with all Company safety rules and procedures?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Wear and use the Company's security swipe and identification card to enter and leave some sites?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Wear and use the appropriate safety harness when working at heights?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Comply with all security requirements including vehicle, baggage and personal searches?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If you are a smoker, are you prepared to comply with all Intico rules, which restrict smoking?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Wear and use the correct personal protective equipment?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Not carry or use any personal mobile phones at the workplace unless authorised by Intico?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Agree to work shift work if required, subject to being medically fit to do so?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION 11: DECLARATION

Before signing the declaration below, please read the following points and clarify anything that you are unsure of with this Company's 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 the Company 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:DATE: / /

Print Name:

PLEASE NOTE: NO GUARANTEE OF EMPLOYMENT IS GIVEN BY THE COMPLETION OF THIS FORM.

Form return by EMAIL:	employment.opportunity@intico.com.au
Form return by FAX:	(+ 61 3) 9350 8655 Marked for the attention of "Employment Opportunity"
Form return by POST/MAIL:	Intico Group of Companies Attention: "Employment Opportunity" PO Box 170 Coburg, Victoria, 3058, Australia