



Expression of Interest for Employment

Applicant's please complete the following questions to allow determination of your suitability for a position with WAY Electrical. Please use Block Letters and attach copies of all relevant licences, qualifications or other information, which can include copies of your resume.

You are reminded that by lodging your Expression of Interest form does not guarantee you a position. All applications will be reviewed and the most suitable applicant's will be short listed for further consideration.

WAY Electrical may require applicants to undergo a pre-employment medical before offering any positions in the company. The duration of employment is limited to the requirements of the project or site for which you are employed.

WAY Electrical has a Fitness for Work Policy. Recruitment may involve an approved drug and alcohol test. The workplace you are going to may have a random drug testing also and as part of your conditions of employment these tests must be passed.

Personal Information

Name: Last Name:

Permanent Address: Post Code:

Mobile Phone: Home Phone: Date of Birth:

Gender: M / F Email Address:

Position Applied For

Position: Site or Location:

Are you currently working: Y / N If yes, who for and when would you be able to start work for WAY Electrical:

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Employment History – Please complete for the last 5 years.

From Date	To Date	Company Name, Contact Name and Number	Position Held, Project location and duties

Employment History – Please complete for the last 5 years.(continued)

From Date	To Date	Company Name, Contact Name and Number	Position Held, Project location and duties

Memberships

	Name of Scheme	Member Number
Superannuation Fund		
Redundancy Fund		
Long Service Leave		
Union (optional)		

Qualifications

Description	Date Completed	Licence / Certificate No	Expiry Date
Drivers Licence – Class			
Electrical Licence - Class			
Elevated Work Platform			
Forklift Certificate			
Scaffolding – Level			
Rigging – Level			
Dogman			
Welding :			
First Aid – Level			
CPR			
Other:			

Other Issues

A medical examination may be required as part of the recruitment process – please provide details of any injuries / conditions that may affect your ability to undertake work activities for WAY Electrical:

Date	Nature of Injury	Employers Name if Applicable	If Workers Comp. Name of Insurance Company

- Are you prepared to work at remote sites or anywhere in WA No / Yes
- Are you prepared to work at remote sites or anywhere in all other Australian States No / Yes
- Are you prepared to work at remote sites or anywhere Overseas No / Yes
- Are you prepared to work shift work if required No / Yes

Declaration

I declare that all information provided on this expression of Interest of form is true to the best of my knowledge and I realise that a false declaration could result in my immediate dismissal. I agree to the Conditions of employment as detailed herein or attached and still want to register for employment with WAY Electrical.

Signed: Name:

Date:

Please return this form to: **WAY Electrical Pty Ltd**

PO Box 1554 Canning Vale DC 6970

Phone: (08) 6253 5700

Fax : (08) 6253 5799

Email : admin@way-electrical.com.au