

Boyds Bay Group Expression of Interest



This is an expression of interest for all Boyds Bay Group (BBG) Divisions; Landscaping, Environmental, Nurseries and Planning. This expression of interest form is a source of information which will assist BBG in considering your suitability for the position/s for which you are applying. Should your expression of interest result in employment, this document will form part of your personnel records. Failure to supply the required information may prejudice our ability to determine your suitability for the position. This form must be completed accurately and with honesty by the person applying for the position. All information provided is kept strictly confidential. *Examples of required responses are noted in blue italics.*

PERSONAL INFORMATION

Full Name	
Year of Birth	
Residential Address	
Mobile Number	
Email Address	

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes)

POSITION / EMPLOYMENT INFORMATION

What positions are you interested in? *Check all that apply.*

Apprentice Labourer Landscaper Leading Hand Foreperson Project Manager

Bush Regeneration Nursery Hand Environmental Officers Other

If other	
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What employment type are you interested in? *Check all that apply.*

Full-time (approx. 40hrs + per week) Part-time (Less than 40 hrs per week)

Permanent (includes leave entitlements) Casual (no leave entitlements, higher hourly rate)

What are your working rights?

Australian Citizen New Zealand Citizen Non-Citizen on Working Visa If on working visa, please provide the following details:

Visa Type	
Visa Restrictions	

Please provide details of any current or pending restrictions that may or will impact your ability to perform and carry out your work duties. Current or pending restrictions include any offences, pending court action or pending charges.

Check box if None

TICKET & LICENCE INFORMATION

Select all you currently hold:

- Drivers Licence: Manual / Automatic
- Construction Induction Card (White Card):
- Heavy Rigid (HR) Licence:
- Medium Rigid (MR) Licence:
- Forklift Licence:
- Bobcat/Skid Steer Ticket:

What other licences/tickets do you currently hold?

EMPLOYMENT ENVIRONMENT

Due to the nature of our business and the work undertaken, our employees may be required to work in a range of weather conditions, confined environments, on weekends and/or away from home, and wear particular Personal Protective Equipment (PPE) items during the course their work. Weather conditions includes hot, cold, and wet environments. PPE includes but is not limited to; Ear Protection, Safety Headwear, Steel Cap Safety Boots and High-Viz Protective clothing.

Do you agree to work in a range of weather conditions and wear PPE items when directed / required? No Yes

Do you agree to wear PPE items when directed / required ? No Yes

Do you have any issues or concerns working in confined spaces? No Yes

Are you willing and able to work weekends as required? Yes No If no, please provide details:

Are you willing and able to on projects “away from home”? Yes No If no, please provide details:

EDUCATION & TRAINING HISTORY

Please provide information regarding your relevant education and training.

Educational institute	Year commenced	Year completed	Qualification
<i>Robina Highschool (Example)</i>	<i>2009 (Example)</i>	<i>2010 (Example)</i>	<i>Year 12 Certificate (Example)</i>
<i>Kingscliff TAFE (Example)</i>	<i>2015 (Example)</i>	<i>2019 (Example)</i>	<i>Cert III Landscape Construction (Example)</i>

EMPLOYMENT HISTORY

Where possible, please provide a minimum of five (5) years history and list your most recent employment first.

Year commenced	Year completed	Employer	Position	Reason for Leaving

PHYSICAL FITNESS AND WORK HEALTH & SAFETY

To help ensure the health and safety of you and others in our workplace, it is important to know as much as possible about your current physical condition. This information is also required to determine any impact on your ability to carry out your work duties safely. Providing false and misleading information or failing to disclose information regarding your health including a pre-existing injury, medical condition or any medication that affects you, or potentially could affect you in performing your duties in a safe manner is dangerous and may lead to instant dismissal. You will not be entitled to any claim whatsoever against Boyds Bay Group, or be able to seek damages of any kind, for any event that is related to or aggravates your pre-existing injury or medical condition however so caused.

If required at any point during your employment with BBG, do you agree to a “Fitness for Duty” Medical Examination by a Doctor at our expense?

No Yes

Do you have / Have you had:

Condition	Yes	No	Condition	Yes	No
Recurring headaches / Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Any form of allergy	<input type="checkbox"/>	<input type="checkbox"/>
Faints / Fits	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Back, neck or spinal problems	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Skin Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Any psychological condition	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Muscle/Back Strain	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Asthma or breathing problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Digestive Disorders	<input type="checkbox"/>	<input type="checkbox"/>
A Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Any bone fractures	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Stress or related condition	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above, please provide details:

Please provide details of any other illnesses, injuries or limitations not mentioned above.

Check box if None

Please provide details of any medications or medical treatments that you take/undertake.

Check box if None

PREVIOUS INJURIES AND WORKERS COMPENSATION CLAIMS

Please provide details of previous injuries sustained during the course of your employment.

Have you ever sustained an injury during the course of your employment? No Yes If yes, please provide details below:

Year & Month of Injury	Employer	Time taken off	Detail of Injury

Have you experienced any issues with the above? No Yes If yes, please provide details:

Have you ever made a claim for a Workers Compensation injury? No Yes If yes, please provide details below:

Do you have a current Workers Compensation claim pending or currently being processed?
No Yes If yes, please provide details below:

PERSONAL & PROFESSIONAL INTERESTS

Please provide details of your personal interests - Sports, Hobbies etc:

Please provide details of any professional memberships to relevant Industry Associations/Institutes:

EMPLOYMENT REFERENCES

Please provide the details of employment referees who can comment on your previous work experience, knowledge, and skills. Your referees will not be contacted without your prior permission.

Referee 1:

Referee Name	
Employer Name	
Referee Position	
Mobile Number	
Email Address	

Referee 2:

Referee Name	
Employer Name	
Referee Position	
Mobile Number	
Email Address	

TESTING & BACKGROUND CHECKS

Please note, as a part of our Work Health & Safety policies and procedures, BBG undertakes random alcohol testing. Certain clients also require our workers have a current Police Check to be able to gain access to their sites.

APPLICATION DECLARATION

I declare that the information provided in this expression of interest is true and correct. I understand that providing false, deceptive, or misleading information or failing to disclose information in this expression of interest may result in instant termination of employment [if employed].

I acknowledge that the listed referees may be contacted, and I give my full consent to undertake random drug and alcohol testing and background checks when directed /required by Management.

Date	
Full Name	
Signature	