

EXPRESSION OF INTEREST IN WORKING FOR THE ESPERANCE PORT AUTHORITY

Please complete the following, attach it as a cover sheet to your CV and send to Stella Young (syoung@eps1.com.au). This information will help the Port match any job vacancies to your skills and experience.

Name: _____

Address: _____

Contact Number/s: _____

Contact Email: _____

Date: _____ / _____ / _____

Your CV will be kept on file
for 12 months from this date

I am interested in (please tick all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Permanent work | <input type="checkbox"/> Casual work |
| <input type="checkbox"/> Full-time work | <input type="checkbox"/> Part-time work |
| <input type="checkbox"/> Administration (office) work | <input type="checkbox"/> Operational (plant) work |
| <input type="checkbox"/> Day shift position | <input type="checkbox"/> Shift work position |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Traineeship |

I hold the following qualification:

- | | |
|--|--|
| <input type="checkbox"/> Automotive Mechanic | <input type="checkbox"/> Boilermaker/Welder |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Diesel Mechanic |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Mechanical Fitter/Machinist |
| <input type="checkbox"/> Plumber | <input type="checkbox"/> Other trade |
| <input type="checkbox"/> TAFE | <input type="checkbox"/> University |

I hold the following current licences/tickets:

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Drivers 'C' Class | <input type="checkbox"/> LR |
| <input type="checkbox"/> HR | <input type="checkbox"/> MC |

- | | |
|--|--|
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Elevated Work Platform |
| <input type="checkbox"/> Bobcat/skidsteer loader | <input type="checkbox"/> Excavator |
| <input type="checkbox"/> Front end loader | <input type="checkbox"/> Mobile crane |
| <input type="checkbox"/> Slewing crane | <input type="checkbox"/> Bridge & gantry crane |
| <input type="checkbox"/> Dogman | <input type="checkbox"/> Chainsaw operation |
| <input type="checkbox"/> Coxswain | <input type="checkbox"/> Master Class V Fishing |
| <input type="checkbox"/> Master Class V Commercial | <input type="checkbox"/> Deckhand (Elements of Shipboard Safety) |
| <input type="checkbox"/> Other, please specify: | |

I have experience with the following:

- | | | |
|--|------------------------------|-----------------------------|
| Container movement/stacking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heavy forklifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rotary car dumper | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confined space work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working at heights | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working on minesites | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working with heavy metals (nickel, lead etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shift work/weekend work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supervision/management of groups of people | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Basic computer applications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please indicate which of the following apply:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| I suffer from asthma attacks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have a nickel sensitivity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I suffer from vertigo | <input type="checkbox"/> Yes | <input type="checkbox"/> No |