

EMPLOYMENT FORM

Company Details (OFFICE USE ONLY)

Registered/Trading Name: _____ ABN: _____

APPLICANT INFORMATION

First Name:		Last Name:		Date of birth:	/	/
Street Address:						
Suburb:		Postcode:		Phone:		
Email:			Emergency contact:			
How did you hear about us?						
Job applying for?				Period of Experience:		
Are you a citizen of Australia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in Australia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If NOT Australian citizen / Perm Resident, Has VEVO check been done?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when does the Visa expire?			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If so, when?</i>			
Do you have a criminal record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, explain</i>			
Any Previous Workers Comp claims?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, explain</i>			
Current Australian Driver's Licence	YES <input type="checkbox"/>	NO <input type="checkbox"/>		<i>Please provide a photocopy</i>		
White card	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Compulsory	<i>Please provide a photocopy</i>		
Have you had a tetanus shot?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, when?</i>			

Before you arrive onsite you must have the following:

- Hammer, Nail bag, hard hat, safety boots, Hi-Vis clothing, tape measure, nips

SUPERANNUATION (Note: if you don't have a super fund, we are happy to set you up with CBUS)

Super Fund Name:		Reference Nbr:	
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BANK ACCOUNT DETAILS

Account name:		Name of bank:	
BSB:		Account Nbr:	

TAX FILE NUMBER DECLARATION:

COMPLETED: YES NO

RECEIVED? YES NO

NOTE: You must be inducted onsite in accordance with the builder's procedures BEFORE commencement of work on THE FIRST DAY and must ALSO SIGN the SWMS. DO YOU AGREE? YES NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
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