

EMPLOYEE DETAILS

Surname: _____ Given Names: _____

Address: _____

_____ Postcode: _____

Email Address: _____

Phone No: _____ Mobile No: _____ Date of Birth: ____/____/____

Name and Mobile Number of person to contact in an emergency: _____

CERTIFICATES/ TICKETS HELD: (Please attach copies)

OH & S General Induction No: _____

Union No: _____ Financial to: _____ L.S.L No: _____

C+B.U.S. No: _____ A.C.I.R.T No: _____

TR No: _____ C.T.A.S No: _____

Other Tickets Held: _____

BANK ACCOUNT DETAILS:

Surname: _____ Given Names: _____

Name of Bank: _____ Branch: _____

BSB No: _____ Account No: _____

TAX FILE NUMBER: _____

PREVIOUS EMPLOYMENT: (Start with most recent)

	<u>Company Name</u>	<u>Position Held</u>	<u>Period of Employment</u>
1)	_____	_____	_____
2)	_____	_____	_____

WORKERS COMPENSATION HISTORY

	<u>Month</u>	<u>Year</u>	<u>Type of Injury</u>	<u>Time off work</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____

I confirm that the above details are correct and that I am legally entitled to work in Australia; however any misrepresentations of my work or medical history should appear, I understand that this may result in my employment being terminated. I further agree to abide by all safety regulations and instructions both statutory and otherwise as they may occur.

SIGNATURE OF APPLICANT: _____

DATE: ____/____/____

*****THIS SECTION FOR OFFICE USE ONLY*****

DATE OF INTERVIEW: _____

INTERVIEWED BY: _____

COMMENTS: _____

ACCEPTED (Please Circle) yes no

START DATE: _____

APPROVED BY: _____

DATE: _____