**EMPLOYEE APPLICATION FORM**

Date

Title Mr Mrs Ms Miss

Given Name(s) Surname

Address

Suburb Postcode

Home Phone Mobile

Email

Emergency Contact Name & Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own transport? Yes  No Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Applied For**

Do you have a WHS Construction Card? Yes  No Card #

Trade Certificates Qualifications

Tickets  EWP  First Aid  Forklift  RIW  Working at Heights Working with Children

Other Tickets

**Superannuation**

 *Cbus*- Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Australian Super* – Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Other* - Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USI / Spin # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I do not know my super fund / have one – sign me up to Cbus Super

**Have you previously worked for another agency?** Yes  NoAgency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you entitled to a wage subsidy through a Job Network Provider Yes  No

**Do you have a criminal record?** Yes  No

**Are you on a Visa?** Yes  No **What type of Visa are you on:**  **Student VISA**  **Working Holiday VISA**

Visa #: **­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list below 3 checkable references:**

1. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I warrant all of the above information is correct. I hereby fully indemnify you against any and all loss or damage howsoever caused or suffered by you (including legal costs on a full indemnity basis) as a result of any information given by me in this application is incorrect.

Upon engagement, responsibility is on the employee to ensure that the correct times are given to the Foreperson.

I have been advised that a copy of the Fair Work Information Statement will be sent to me.

Signature Date

(OFFICE USE ONLY) START DATE: CLIENT: PAY CODE: EMPLOYEE NO:

*Time Sheet Given* - Book  Single Sheet 

 INTERVIEW COMMENTS: