**EMPLOYEE APPLICATION FORM**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Mr Mrs Ms  Miss Prefer not to disclose Fill in blank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name(s) Surname

Address

Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode

Home Phone Mobile

Email

Emergency Contact Full Name & Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Position Applied For**

Trade Certificates / Tickets

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

**Name of Job Network Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact name and number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had the COVID 19 Vaccine?** Yes  No **1st Vaccine**  **Fully Vaccinated**  **Booster**  

**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, I acknowledge that responsibility is on the employee to ensure that the correct times are given to the Foreperson and/or person identified by the Client. I have been advised that a copy of the Fair Work Information Statement and Casual Employee 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: