

EMPLOYEE DETAILS:

FULL NAME:		
ADDRESS:		
PHONE:	MOBILE:	FAX:
D.O.B:		EMAIL:
NEXT OF KIN:		
ADDRESS:		
PHONE:	MOBILE:	
EMERGENCY CONTACT:	PHONE:	
SIGNIFICANT MEDICAL CONDITIONS:		
Q LEAVE MEMBER NUMBER:		
SUPPERANUATION FUND:	MEMBER NUMBER:	
TAX FILE NUMBER:		

PAYMENT OF WAGES:

FINANCIAL INSTITUTE:	
ACCOUNT NAME:	
BRANCH:	
BSB:	ACCOUNT NO:

WAGES TO BE PAID: WEEKLY FORTNIGHTLY MONTHLY *please tick*

CERTIFICATE / LICENCE	LICENCE NO	EXPIRY DATE
ELECTRICAL WORKERS LICENCE		
FIRST AID CERTIFICATE		
RESUSCITATION CERTIFICATE		
LV RESCUE CERTIFICATE		
DRIVERS LICENCE - CLASS		
OTHER:		

Please provide a copy of all of the above



EMPLOYEE INFORMATION

ADDITIONAL QUALIFICATIONS:

- I will abide by industry procedures as per the award YES NO
- I will work a weekend if required YES NO
- I am competent to test, connect and inspect installation work YES NO
- I have and will wear safety boots YES NO
- I am will to be paid by electronic funds transfer to my names account / accounts YES NO
- I am willing to wear long sleeved shirts and pants to work on required job sites YES NO
- I have / have not any condition / disability which would prevent me from performing the duties of the job as described YES NO
- I will comply with the company safety program YES NO

PRINT NAME:	
SIGNATURE:	DATE:

