

EMPLOYEE DETAILS:

FULL NAME:		
ADDRESS:		
PHONE:	MOBILE:	
D.O.B:	EMAIL:	
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:

CERTIFICATES & LICENCES

CERTIFICATE / LICENCE	LICENCE NO	EXPIRY DATE
ELECTRICAL WORKERS LICENCE		
FIRST AID CERTIFICATE		
LVR/CPR CERTIFICATE		
DRIVERS LICENCE - CLASS		
HIGH RISK WORK LICENCE		
ELEVATED WORK PLATFORM		
QFEVER		
OTHER:		

Please provide a copy of all of the above



EMPLOYEE INFORMATION

ADDITIONAL QUALIFICATIONS:

- Have you previously made a WorkCover Claim? If YES, please disclose nature of claim: YES NO

- I have / have not any condition / disability which would prevent me from performing the duties of the job as described. If YES, please describe: YES NO

- Have you ever had a recorded criminal conviction? If YES, please describe: YES NO

- 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 willing to be paid by electronic funds transfer to my nominated account YES NO
- I am willing to wear long sleeved shirts and pants to work on required job sites YES NO
- I will comply with the company safety program YES NO

PRINT NAME:	
SIGNATURE:	DATE:

