

EMPLOYMENT APPLICATION

Given Name: _____ Surname: _____ D.O.B: _____

Address: _____ Home No: _____

Suburb: _____ Post Code: _____ Mobile No: _____

Email Address for Payslips: _____

Tax File No: _____ Are you an Australian Resident: Yes / No If NO Work Visa No: _____

Construction Induction Number : CGI _____ (attach copy)

Long Service No: W _____ CBUS NO: _____

ACIRT No: _____ Other Licences _____

Position applying for: Bricklayer / Labourer / Apprentice: _____

If applying for Bricklayer Position, attach a copy of Trade Certificate or Trade Licence

PAST EMPLOYMENT (most recent)

Company Name: _____

Length of Employment: From _____ To: _____ Works carried out: _____

Contact Name: _____ Position: _____ Mobile No: _____

BANK DETAILS

Name of Bank: _____ Branch: _____

BSB: _____ Account No: _____ Name on Account: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home No: _____ Mobile No: _____

MEDICAL

Have you had any previous injuries and/or suffer from any medical conditions: Yes / No

Have you made a claim for workers compensation: Yes / No

If YES to any of the above please provide details: _____

OFFICE USE ONLY

Trade Classification: CW _____ Trade Certificate/Trade Licence Sighted & Attached

Long Service Registered CBUS Registered ACIRT Registered Tax Dec Received