

BASIC INFORMATION

PLEASE COMPLETE THE DETAILS BELOW AND ATTACH YOUR RESUME

Date _____

Title Mr. Mrs. Miss. Ms.

Date of Birth _____

Last Name _____

Given Name _____

Address _____

Suburb _____ Post Code _____

Telephone Home _____ Mobile _____ Work _____

Email Address _____

RESIDENCY DETAILS

Are you an Australian Citizen Yes No (If No, please provide evidence of permission to work in Australia)

Do you hold a working Visa? _____

Any Restrictions on your Visa? _____

Passport Number _____ Country of Passport _____

EMERGENCY CONTACT DETAILS

Full Name _____ Relationship _____

Home Telephone _____ After Hours Number _____

LICENCES & QUALIFICATIONS

Please list any Licences & Qualifications you have _____

Do you hold a current Drivers Licence? Yes No Do you have a car for work? Yes No

Do you own safety boots? Yes No

Shifts you are prepared to work Morning / Daytime Afternoon Evening / Night

Areas you will travel to for work City Northern Suburbs Western Suburbs Regional

EMPLOYMENT STATUS

Following a six month assignment with *ab Recruitment*, there may be opportunities for permanency. If such opportunities are not available you may apply for other suitable positions within the *ab Group* or continue your existing relationship on a casual basis.

Continue assignment Yes No: _____

Signed _____ (Applicant) Date _____

MEDICAL HISTORY

It is *ab Recruitment's* 'Duty of Care' to its' employees to be careful to not place them into an environment which could be, potentially harmful. **FAILURE TO DISCLOSE ANY PRE-EXISTING INJURIES MAY EFFECT YOUR FUTURE EMPLOYMENT OR WORKCOVER CLAIMS**

HAZARDS

Have you ever been excessively exposed to any of the following?

Dust	Yes	No	Toxic Metals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Noise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skin Irritants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Hazards		

APPLICATION CHECKLIST

Please tick boxes below as appropriate:

Can you wear Steel Capped Workboots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently being treated by a doctor for any illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently taking any medication or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you allergic to anything?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from any back or neck pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from RSI, tennis elbow, tenosynovitis etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from colour blindness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever suffered from a hernia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any loss of hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a mental or nervous disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you capable of repetitively lifting up to 15 kg?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you capable of repetitively lifting weights between 15-25 kg?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you allow <i>ab Recruitment</i> to discuss any Workcover related medical condition with your Doctor or Specialist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pre-existing medical condition/s or pre-existing injuries which may affect the work you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been prosecuted for any criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been prosecuted for a drink/driving offence? (or are you aware of any likely prosecution in the future?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to have a medical examination if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any WorkCover/Compensation Claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details: _____

BANK DETAILS

Due to Privacy Laws we are unable to verify your Bank Account Details. Please ensure that numbers are correct to avoid any problems with payment. We cannot accept any responsibility for any incorrect or incomplete details.

Bank Name **Bank/State/Branch No (BSB)**
Account Number
Account Holder Name
Tax File Number (TFN)

SUPERANNUATION

Fund Name

Member Number

Payslip & Payment Summary preferred delivery method Posted Email

If you have not completed an Employment Declaration Form, we will post one to you on your first working day. This form must be completed and returned to our office immediately. If this form is not received by our office we are required to tax your wages at 48.5%.

APPLICANT DECLARATION

CASUAL APPLICANTS ONLY

I ACCEPT THAT THE MINIMUM OF 20% LOADING OF AWARD RATES EXEMPTS *ab RECRUITMENT* FROM THE OBLIGATION TO PAY ANNUAL LEAVE, PUBLIC HOLIDAYS, SICK LEAVE, COMPASSIONATE LEAVE OR JURY SERVICE.

THE NATURE OF YOUR EMPLOYMENT IS CASUAL. EMPLOYERS HAVE THE RIGHT TO CHANGE REQUIREMENTS AS AND WHEN IT SUITS THEIR PRODUCTION NEEDS. THIS CAN IMPACT ON THE LENGTH OF EMPLOYMENT FOR CASUAL WORKERS. AS SOON AS YOUR ASSIGNMENT FINISHES, PLEASE CONTACT US TO ADVISE YOU ARE AVAILABLE FOR WORK AGAIN.

IF AT ANY TIME DURING YOUR PLACEMENT BY *ab RECRUITMENT*, YOUR HOST EMPLOYER CHANGES THE DUTIES YOU ARE EXPECTED TO PERFORM FROM THOSE YOU WERE INITIALLY EMPLOYED TO DO, YOU MUST CONTACT *ab RECRUITMENT* IMMEDIATELY.

IF YOU HAVE INTERNET ACCESS WITH ANY OF OUR HOST EMPLOYERS, PLEASE CHECK AND ADHERE TO THEIR POLICY FOR INTERNET USE/ACCESS.

Signed (Applicant) **Date**

ALL APPLICANTS

I CONSENT TO MY RESUME AND DETAILS BEING FORWARDED TO EMPLOYERS FOR CONSIDERATION.

I CONSENT TO ANY REFERENCE CHECKS WHICH MAY BE NECESSARY TO SUPPORT THIS APPLICATION.

I AGREE TO AUSTRALIAN SUPER FUND BEING THE DEFAULT FUND USED BY *ab RECRUITMENT*. I HAVE RECEIVED A COPY OF CHOICE OF SUPER FUND FORM AND UNDERSTAND THAT I HAVE 28 DAYS FROM COMMENCEMENT OF WORK TO COMPLETE AND RETURN IT TO *ab RECRUITMENT* OR ANY APPLICABLE SUPERANNUATION WILL BE PAID TO THE DEFAULT FUND.

I DECLARE THAT THE INFORMATION GIVEN WITHIN THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INCLUDING MEDICAL INFORMATION, WORKERS' COMPENSATION CLAIMS AND PREVIOUS PROSECUTION OFFENCES.

I CONSENT TO *ab RECRUITMENT* PROVIDING A VERBAL REFERENCE FOR ME IN THE FUTURE IF CONTACTED BY A PROSPECTIVE EMPLOYER

Signed (Applicant) **Date**

OFFICE USE ONLY

Consultants Comments _____

Height _____ Weight _____

English _____ Verbal _____

Signed _____ (Consultant) Date _____