

## EMPLOYMENT APPLICATION

Please send form/s back to: [highgrademechanical@gmail.com](mailto:highgrademechanical@gmail.com) or fax 08 9495 2674

APPLICANT INFORMATION					
Last Name		First Name/s			
D.O.B.					
Street Address					
City		State		Post Code	
Phone 1			Phone 2		
E-mail Address					
Position Applied for					
Are you an Australian Citizen	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Sub-contractor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide Sub-Contract company details:		
Company Name					
ABN					
<b>**Please supply copies of current Workers Compensation and Public Liability Certificates with this form.**</b>					
EMERGENCY CONTACTS					
Full Name			Relationship		
Phone 1			Phone 2		
Address					
Full Name			Relationship		
Phone 1			Phone 2		
Address					
PAY DETAILS					
Bank Name			Account Name		
BSB			Account #		
Super Fund Name (Employees Only)					
Member #					
Tax File #			Phone 2		

### LICENSES

Mines Health  
Surveillance # and  
expiry date

Driver License #

Please list classes of license:

### MEDICAL, DISCLAIMER AND SIGNATURE

You will be required to undertake a site induction and medical prior to commencement.

Do you have any past or current medical conditions which may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role?  Yes  No

If yes, please describe in detail:

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

### OFFICE USE ONLY

Employment Type

Rate

Site

Other