



"LABOUR THAT WORKS"

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Next of Kin -**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**PLEASE CIRCLE ALL APPLICABLE AND  
PRESENT ALL LICENCES TO BE COPIED AT RECEPTION**

Drivers Licence? **Yes/No** **If yes -** Auto or Manual?

Truck Licence? **Yes/No** **If yes -** Light Rigid / Medium Rigid / Heavy Rigid

Fork Lift Licence? **Yes/No**

White Card? **Yes/No** Traffic Management Certificate? **Yes/No**

### **Last Two Employers**

1 - Company/Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_

2 - Company/Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_

**Do you have any medical conditions which would prevent you from carrying out duties as requested? Please list details:**

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**Bank Details**

Account Name: \_\_\_\_\_

BSB No: \_\_\_\_\_ Account No: \_\_\_\_\_

**Superannuation Details**

Fund Name: \_\_\_\_\_

Employee Membership No: \_\_\_\_\_

***Should these details not be provided, it is assumed you have no preference and an account will be opened on your behalf with Vision Super.***

Signature \_\_\_\_\_ Date: \_\_\_\_\_