APPLICATION FORM

POSITION APPLYING FOR: .... eg :Carpenter, Labourer, Patcher

DATE APPLIED/COMMENCED / / **2020**

Surname: …………………………………….…………Christian Name(s): …………………………………………

Date of Birth: …………………………………………..

Address: ....

....Post Code: ……………………………

Telephone (Home): ……………..……………… Mobile: ……………..…………..…..

Email: ……………….……………………………………………….. (this email address will be used to send your payslips)

Person to be contacted in an emergency: .... Relationship: ………………………………………….

Ph: ……………………………

Do you know anyone that works for us? (please write their name) ………….……………………………………………………….

Facial recognition and a work zone app will be used to record your hours, and this is a requirement of employment.

Respiratory Face Mask Testing is a regulation on all our building sites. Have you been fit tested?   YES   NO

Do you suffer from, or have your ever suffered from any disability, illness or medical condition, which would (or could have the potential) affect your ability to perform the job you have applied for.

<mark>Please highlight</mark>   YES   NO   <mark>If yes</mark>, please state the area that was affected

………

Are you taking any prescribed medication   <mark>Please highlight</mark>   Yes   No.

<mark>If yes, please give details</mark> .……………………………………………………………………………………………

Do you have any allergies   <mark>Please highlight</mark>   Yes   No

<mark>If yes, please give details</mark>…………………………………………………………………………………………..

Do you agree to submit to a medical examination with a medical practitioner chosen by SEQ Formwork & Hire Pty Ltd for the purpose of assessing your ability to perform the job you are applying for? …………………………………………………

If yes, you consent to SEQ Formwork & Hire Pty Ltd keeping information about your health supplied by a medical practitioner for as long as SEQ Formwork & Hire Pty Ltd considers necessary. …………………………………………………..

Have you ever made a claimed against T.A.C., Work Cover, or Workers' Compensation?

<mark>Please highlight</mark>   YES   NO   <mark>If yes, please give details –</mark>

………..

EMPLOYMENT HISTORY (OR ATTACH CURRENT RESUME)

1. Current position held: ……………………………………….. Company Name: ....

 Date employed from: .... to..   Reason for leaving: ....

 Referee: ……………………………………………………………   Telephone: ……………………….…………………….

2. Previous position held: .... Company Name: ....

Date employed from: .... to...   Reason for leaving: .…...

Referee: …………………………………………………………...   Telephone: …….....……………………………………

3. Previous position held: ....   Company Name: ....

Date employed from............................ to...   Reason for leaving: ....

Referee: ……………………………………………………………   Telephone: …….……………………………………...

Union:_____M/ship No:_____ Expiry Date: _____

Superannuation Scheme   BussQ No: _____

                  Cbus No: _____

 Other   Superannuation Fund   _____No. _____

Qleave   No :

_____

QUALIFICATIONS: **Must provide a copy of photo ID and blue/white safety card with application**

PLEASE PROVIDE COPIES OF YOUR TICKETS / LICENCES

Motor Vehicle Licence No: ……………………………………… Class/Type: ………………………..

First Aid Certificate No: …………………………………………. Class/Type: ………………………..

Scaffold Certificate No: ………………………………………… Class/Type: ………………………..

Crane Drivers Licence No: ……………………………………….. Class/Type: ………………………..

Dogman's Licence No: ………………………………………… Class/Type: ………………………..

Hoist Drivers Licence No: …………………………………………… Class/Type: ………………………..

Riggers Licence No: …………………………………………… Class/Type: ………………………..

Elevated Work Platform Licence No: …………………………… Class/Type: ………………………..

Fork Driver's Licence No: ……………………………………… Class/Type: ………………………..

Blue/White Card Training No: ……………………………………… Date/Class:…………………………

Truck Licence No: ………………………………………… Date/Class:…………………………

OTHER Licence No: …………………………………… Date/Class:…………………………

I, _____

I agree to SEQ Formwork & Hire Pty Ltd to take accrued hours from my pay each week and this can be redeemed at any time as requested.

Hours taken out per 40-hour week ☐ 2 hours

☐ 4 hours

(please tick which box)

_____   _____
(Sign)   (Date)

Please provide the following details so we can contact you with any queries:			
Employee Name:			
Title (Mr, Ms)	*First name*	*Middle Name*	*Surname*

MAIN BANK ACCOUNT: To deposit Net pay, less tax and deductions   *Tick ✔ if applicable:* Account   Change existing Primary Bank

Change is to be effective from: / /	The change will be effective from the payment made after the date nominated ☐
Bank Name:	**Branch Name:**
Branch Address:	**Branch Phone:**
Account Name:	

BSB Code: | | | | --- | | | **Account Number:** | | | | | | | | |

BSB is always 6 numbers   *Account numbers cannot be longer than 9 numbers, but*

Employee Authorisation:

I understand that Payroll can make changes to my bank account pay details ONLY with my authority, and that I can cancel this authority at any time by submitting this form.

Employee Signature: _____   **Date:**   /   /

Tax file number declaration

Australian Government
Australian Taxation Office

ato.gov.au

This declaration is NOT an application for a tax file number.
■■ Use a black or blue pen and print clearly in BLOCK LETTERS.
■■ Print X in the appropriate boxes.
■■ Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

> For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the ATO, provide your previous family name.

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb/town/locality

State/territory ▼ Postcode

6 On what basis are you paid? (Select only one.)

Full-time employment ☐ Part-time employment ☐ Labour hire ☐ Superannuation or annuity income stream ☐ Casual employment ☒

7 Are you an Australian resident for tax purposes?
(Visit **ato.gov.au/residency** to check) Yes ☐ No ☐

8 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes ☒ No ☐

Answer **no** here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?

Yes ☐ Complete a *Withholding declaration* (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No ☐

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?

Yes ☐ Complete a *Withholding declaration* (NAT 3093). No ☐

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes ☐ Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No ☐

(b) Do you have a Financial Supplement debt?

Yes ☐ Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No ☐

DECLARATION by payee: *I declare that the information I have given is true and correct.*

Signature

You MUST SIGN here

Date Day / Month / Year

⊖ There are penalties for deliberately making a false or misleading statement.

❗ **Once section A is completed and signed, give it to your payer to complete section B.**

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

6 2 | 1 6 9 | 0 5 7 | 6 4 9

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes ☐ No ☐

3 What is your legal name or registered business name (or your individual name if not in business)?

S E Q | F O R M W O R K | A N D
H I R E | P T Y | L T D

DECLARATION by payer: *I declare that the information I have given is true and correct.*

Signature of payer

Date Day / Month / Year

⊖ There are penalties for deliberately making a false or misleading statement.

4 What is your business address?

6 3 | A G E S T O N | R O A D

Suburb/town/locality

A L B E R T O N

State/territory Q L D ▼ Postcode 4 2 0 7

5 Who is your contact person?

K A R E N | C L A R K

Business phone number 0 7 5 5 4 6 1 1 8 7

6 If you no longer make payments to this payee, print X in this box. ☐

> Return the completed original ATO copy to:
> Australian Taxation Office
> PO Box 9004
> PENRITH NSW 2740

❗ IMPORTANT
See next page for:
■■ payer obligations
■■ lodging online.

| Print form | Save form | Reset form |

NAT 3092-07.2016   [JS 35902]