



**AUS TRUESTYLE PTY LTD
APPLICATION FOR EMPLOYMENT**

It is requirement of this company that ALL questions to be answered on this application form for any form of employment to be considered.

Please complete in **BLOCK LETTERS**.

Surname_____First/ Middle Name_____

Address_____

Suburb_____

Postcode_____State_____

Phone_____Mobile_____

EMAIL(Block Letters)_____

Date of Birth_____

Driver License_____Expiry Date_____

State_____Type (ie CAR / HR)_____

Nationality_____Married/ Single_____

Tax File Number_____

ABN Number_____Name_____

Payment & Bank Information

A/C Name_____Bank_____

BSB No._____A/C No_____

Emergency Contact- (local and aboard)

Name_____Relationship_____

Address_____

Suburb_____

Postcode_____State_____

Phone_____Mobile_____

Work_____



**AUS TRUETYPE PTY LTD
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Union membership _____ No. _____

Superannuation _____ No. _____

Redundancy _____ No. _____

Long Service Leave _____ No. _____

Construction Industry Inductions:

Victoria (Red Card) No. _____ Issued _____

Queensland (blue card) No. _____ Issued _____

White Card No. _____ Issued _____

Qualifications / Certificates Held ie (Rigger / Tower Rescue / First Aid):

Type _____	No. _____	Date _____
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Type _____	No. _____	Date _____
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Type _____	No. _____	Date _____
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Type _____	No. _____	Date _____
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Type _____	No. _____	Date _____
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Type _____	No. _____	Date _____
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General Questions

Are you prepared to work at heights? _____

Are you prepared to undergo Medical Examination? _____

Are you prepared to Transfer between company projects / Locations? _____

Employment History

Present Employer _____

Address _____

Date Started _____ Role _____

Previous Employer _____

Address _____

Date Started _____ Role _____

When would you be able to commence work? _____



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Previous Injuries / Workers Compensation Claims

Have you sustained injuries in employment to date?

(Provide Details)

1. Injury_____Employer_____Date_____
2. Injury_____Employer_____Date_____
3. Injury_____Employer_____Date_____

Have you ever claimed workers Compensations?

If so Date_____Injury_____

Do you have a physical disability?_____

Do you have any medical conditions (this includes asthma?)_____

Have you previously had any medical conditions?_____

How many sick days in the last year?_____

Please submit front and back colour photocopies of all ID with your application

Note

- Wages are paid by direct debit into your bank account
- Payslips are mailed directly to your home address
- Rate of pay is as negotiated



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Declaration

I declare that the information given by me in this application is true and correct to the best of my knowledge and that any false or misleading declaration could result in immediate dismissal. I undertake to abide by the company Safety Policy and Procedures and to Work Safety at all times.

I give my consent to a medical examination at the expense of Aus Truestyle Pty Ltd and to a copy of the report being forwarded to Aus Truestyle Pty Ltd. I understand that the results of this examination may influence the decision towards my employment if results show a reason for the inadvisability of this type of employment.

Signed_____ Date_____

Name_____

Witness_____ Date_____

Name_____

Please also fill out the clothing sizes on the following page.



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Clothing Sizes

Safety Boots (please circle)

Style: Elastic Sided Lace- up High Cut Lace Up

Size: 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 13

Long Sleeve Drill Shirts

Size S M L XL 2XL 3XL 4XL

Trousers/ Jeans (please circle)

Style: Cotton Drill Denim Jeans

Size: 82R 87R 92R 97R Other_____