**APPLICATION FORM**

|  |  |
| --- | --- |
| Full Legal Name |  |
| Full Address |  |
| Date of Birth |  |
| Drivers Licence Y/N? |  |
| Country or State of Issue |  |
| Drivers Licence Number  |  |
| Mobile & Home Phone Number |  |
| Australian Citizen orResident / Rights to work in Australia? |  |
| Visa Class & Visa Reference number |  |
| Position Applied For |  |
| Email Address |  |
| Bank Account Name |  |
| BSB Number |  |
| Account Number |  |
| Tax File Number |  |
| Superannuation Fund Name |  |
| Account Name |  |
| Account/Membership Number  |  |
| SPIN/USI |  |
| White Card Number  |  |
| Contractor Licence NumberABN |  |
| Insurances:Comments: |
| Do you have any trade qualifications? If so please indicate: |

|  |
| --- |
| Do you hold any other specialist qualifications or tickets? If so please indicate: |
| Do you own your own vehicle? |  |
| Do you have your own tools? Y/N? |  |
| What power or hand tools have you used before? |  |
| Have you had any work related injuries recently or in the last 2 years? If so, have you claimed workers compensation? Please provide details. |  |
| Do you have any pre-existing physical, mental or other health conditions, or allergies to any certain environments or medications that may restrict to you performing any work duties? |  |
| Best emergency contact name & number: |  |
| Reference 1: (include name, contact number and email) |  |
| Reference 2: (include name, contact number and email) |  |

Acknowledgement

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

Should this application leads to employment, I understand that providing FALSE or MISLEADING information in my application, interview or throughout my employment with DC Labour Solutions, It may result in termination of my employment

I have read, understood and agree to all DC Labour Solutions terms and conditions outlined in the Contractors or Employee’s Agreement.

Signature: Date: