



WORK MATES AUSTRALIA

Working for you!

APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY		
<input type="checkbox"/> FT	<input type="checkbox"/> Res	<input type="checkbox"/> A/Ros
<input type="checkbox"/> Tax	<input type="checkbox"/> Ref	<input type="checkbox"/> Cover

Address: 212 / 30-32 Campbell St, Blacktown NSW 2148 Tel: 1300 879 377 Fax: 02 9831 3844

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Read This First & Sign

It is our policy to consider all qualified applicants for a position without regard to race, colour, religion, sex, nationality, age, marital status or non-job related disability. In the event of employment, I understand that false or misleading information given in this form, interviews, medical or other employment processes may result in dismissal.

I have read and understood the above statement, Signature: _____

Date: ____/____/____

PLEASE WRITE CLEARLY. COMPLETE ALL SECTIONS AND PROVIDE AS MUCH DETAIL AS POSSIBLE

General

Date of Application: _____ Position Applied For: _____

Full Name: _____ Date of Birth: _____

Current Address: _____ Postcode: _____ State: _____

Current Phone Contact/s: _____

Email Address _____

Do you have a job seeker Number _____

Next of Kin (person to notify in emergencies): _____ Relationship: _____

Next of Kin Phone Contact/s: _____

Tax File Number (TFN): _____

BANK DETAILS

NAME OF ACCOUNT:..... BANK.....

BRANCH BSB:..... ACCOUNT NO:

SUPERANNUATION FUND MEMBER NO.

LONG SERVICE LEAVE NUMBER:..... GREEN/WHITE CARD.....

Employment History/Referees

List previous 3 employers in order of last employer (1):

Employer Name	Location (suburb/town)	Phone No. (if known)	Position held (eg: plant operator)	Employment (from - to)	Supervisors name & Mobile No.
1					
2					
3					



Have you had your driver's licence cancelled or suspended? No Yes If Yes please provide details:

I agree to provide Workmates Australia Pty Ltd with either, 1) a photocopy of my current drivers licence **or** 2) allow the company to sight and record my licence details.

Please Tick: Allowed photocopy **or** Original Sighted

Have you ever been convicted of a criminal offence? No Yes If Yes please provide details:

Do you consent to Workmates Australia conducting a Criminal History Check Yes/No

Education

List highest standard achieved at school (include where and when): _____

List any other courses, tertiary education, training or qualifications that may help in your work with this company:

TRADE QUALIFICATIONS	DETAILS	What	When

Medical History

Do you currently or previously had any medical health conditions that would hinder you in any way from performing the duties of the role currently being sought? **YES / NO**

If YES please provide details:

Workmates Australia Pty Ltd reserves the right to require you to undergo both a pre-placement medical and if your application is successful, on-going medical examinations by a Company appointed doctor. The purpose of the medical is to ensure you are well enough to be employed in the position you are applying for.

Do you agree to undergo medical examinations by a Company appointed doctor? No Yes



To aid in this process you are required to complete the 'Patient Questionnaire', attached to this employment form. You will need to take the completed questionnaire to the Doctor when you have the pre-employment medical examination.

Workmates Australia Pty Ltd also reserves the right of Drug testing all applicant's by way of urine screening. This test will be conducted by an approved laboratory for use of any of the following drugs, AMPHETAMINES, METHAMPHETAMINES, OPIATES, MARIJUANA, COCAINE and BENZODIAZEPINES as a part of your pre placement medical procedure.

To assist in identifying any health issues you may have or have had, do you experience or have you experienced any of the following conditions? (Circle Yes or No)

Neck Problems	Yes/No	Back Problems	Yes/No
Blackouts	Yes/No	Swelling of joints	Yes/No
Depression	Yes/No	Pain in the arms	Yes/No
Diabetes	Yes/No	Blood pressure	Yes/No
Hip, knee or foot injuries	Yes/No	Fit or convulsions	Yes/No
Kidney disease	Yes/No	Hernia	Yes/No
Lumbago	Yes/No	Spinal injuries	Yes/No
Mental disorders	Yes/No	Head injuries	Yes/No
Loss of hearing	Yes/No	Asthma	Yes/No
Epilepsy	Yes/No	Abdominal trouble	Yes/No
Gastric ulcer	Yes/No	Nervous disorders	Yes/No
Allergies	Yes/No	Arthritis	Yes/No
Respiratory problems/Asthma	Yes/No	Any condition which limits bending or lifting	Yes/No
When was the last time you had your eyes checked	_____	Chest Pain	Yes/No

Other: _____ Please specify: _____

I hereby declare that my answers are honest and true and I have not withheld any information regarding my past or present health. I understand that failure to disclose information on all pre existing injuries or illnesses means that I may not be entitled to workers' compensation if the nature of the job aggravates a pre-existing injury or illness. I consent to undertake a medical examination and urine drug screen.

Applicant's Signature : _____ Date: _____

Drug and Alcohol

I understand that Workmates Australia and its clients are committed to a Drug and Alcohol free work place and as such I consent to random Drug and Alcohol testing at host Employer Site

Employee SignatureDate.....



WORK MATES AUSTRALIA

Working for you!

WORK EXPERIENCE SKILLS

Trades & Services	Years	Certified Licenses	Building & Construction	Years	Certified Licenses
Boilermaker			Labourer		
Welder 1 st , 2 nd Class			Trades Assistant		
Welder M/S/T			Concreter		
Supercore/Flux			Form Worker		
Sheet Metal Worker			Landscaping		
Fitters			Fencing		
Mechanical Fitter			Scaffolding		
Maintenance Fitter			Roofing		
Electrical Fitter			Crane Operator		
Fitter/Turner			Dogman		
Mechanics			Backhoe		
Light Vehicle			Front end loader/Excavator		
Heavy Vehicle			Bulldozer		
Diesel			White Card		
Plant			Confined Space Ticket		
Motor Vehicle Body Builder			RIW		
			Traffic Control Blue/Yellow		
Production/Manufacturing			Road Works		
Process Work			Warehouse		
Packer			Store Person		
Assembler			Receiving		
Machine Operator			Dispatching		
Wood Machinist			General Hand		
CNC Operator			Pick Pack		
CNC Programmer			Stocktake		
Blow/Ejection Moulding			RF Scanner		
Forklift Driver			Forklift Driver LO/LF/High		
			Container Unloader		
Transport					
Car/Delivery Van			Administration		
MR -Medium Rigid			Receptionist		
HR - Heavy Rigid			Data Operator		
HC – Heavy Combination			Administration Officer		
MC –Multi-Combination			Customer Service Officer		
Refrigeration Experience			Contracts Administrator		
Dockhand			Office Manager		
Container Unloader			Accounts Payable		
Forklift Driver LO/LF/High			Accounts Receivable		
			Payroll Clerk		



TERMS & CONDITIONS OF EMPLOYMENT

- 1. Registering with Workmates Australia Pty Ltd you are employee of Workmates Australia and you have the benefits of a casually employed person. On work assignments, you will work under the supervision and direction of our client.’
- 2. Wages will be paid weekly on Tuesdays via EFT to your nominated bank account and available Wednesday. Should a overpayment of wages occur you will immediately notify WMA and deposit funds directly into specified account within 24 hours of payment. Non compliance will mean legal action will commence immediately.
- 3. If a public holiday falls on WMA payday, payment of wages / remuneration shall be paid on the next business day.
- 4. Superannuation details must be supplied on registration or WMA default fund will be named which is ANZ Smart Choice.
- 5. Workmates Australia reserves the right to validate all references, educational and qualifications.
- 6. Workmates Australia staff agree to conducted themselves in a professional and respectful manner at all times.
- 7. On registering with Workmates Australia Pty Ltd it may be requested to undergo an aptitude test relating to position applying for.
- 8. All Workmates Australia Staff shall adhere to the safety procedures, dress code of their host employer site.
- 9. Any problems with your work environment or inability to attend work must be reported to Workmates Australia immediately.
- 10. All injuries incurred on site are to be reported immediately to Direct Supervisor and Workmates Australia.
1300 879 377
- 11. Workmates Australia Staff shall not be offered, or expect to receive travel time unless you are requested to travel to a site or office away from the site where the assignment is normally conducted.
- 12. Any work offer made directly to Workmates Australia casual staff or contractor within 12 months of employment/assignment by a Workmates Australia client company is to be discussed with Workmates Australia for approval prior to acceptance.
- 13. Workmates Australia employees who fail to abide by the client rules and regulations could lead to instant termination of employment.
- 14. Should your work assignment with a Workmates Australia client by terminated for whatever reason, Workmates Australia will not be liable for any losses suffered.

I have read and I understand all the above terms and conditions and accept by signing the below

APPLICANTS SIGNATURE **DATE.....**

PLEASE PRINT NAME



HEALTH & SAFETY RULES

The below Health & Safety Rules, outline basic work practices that are considered conditions of employment at **WORKMATES Services** for all employees. They are intended as a simple guide to working safety and preventing injuries and accidents. All **WORKMATES** employees must adhere to and apply these rules at all times while at work. Failure to do so may place yourself or others at risk and result in disciplinary action or termination.

IF YOU DON'T KNOW OR AREN'T SURE – ASK

Don't be afraid to ask – don't take chances. If you need information about safety, emergencies or work, practices, contact **WORKMATES** IMMEDIATELY.

1. POOR HOUSEKEEPING CAUSES ACCIDENTS

Keep your work area clean and tidy. Put everything you use back in its proper place.

2. REPORT ALL HAZARDS

Report to **WORKMATES SERVICES** **IMMEDIATELY** if you think any conditions or practice might cause injury to yourself.

3. FOLLOW JOB SAFETY PROCEDURES

Use the right tools, equipment and procedures for the job. Don't take shortcuts.

4. FOLLOW SAFE OPERATING PROCEDURES AND INSTRUCTIONS

When operating plant or other equipment, only use, adjust, alter and repair what you have been shown and authorised to do. Never tamper with guards, shields or interlocks on tools or equipment.

5. ALWAYS WEAR PERSONAL PROTECTIVE EQUIPMENT IF DIRECTED

Always wear approved personal protective equipment such as safety glasses, hearing protection and dust masks if required to do so.

6. THINK ABOUT YOUR SAFETY AND THE SAFETY OF OTHERS

Be responsible. Don't engage in practical jokes or use tools/equipment for purposes that they were not designed for.

7. ONLY LIFT WHAT YOU ARE COMFORTABLE LIFTING – GET HELP WHEN NEEDED

When lifting, bend your knees, grasp the load firmly, then raise the load keeping your back as straight as possible. Always get help for heavy or awkward loads and use mechanical aids – trolleys etc.

8. BE AWARE AND WORK SAFELY – SAFETY IS EVERYONE'S RESPONSIBILITY

Obey all safety rules, instructions and warning signs. Read the safety labels and be familiar with any chemicals or substances you use, obtain data sheets if applicable.

9. REPORT ALL INCIDENTS AND INJURIES IMMEDIATELY

Should you injure yourself or be involved in an accident, regardless of how minor it may seem, report it to your supervisor and **WORKMATES AUSTRALIA** **IMMEDIATELY**.

READ AND UNDERSTOOD. DO NOT SIGN WITHOUT DISCUSSING WITH YOUR WORKMATES CONSULTANT

APPLICANT'S SIGNATURE DATE



Choice of Superannuation Fund Standard Choice Form

Workmates Australia employees have the choice to choose which superannuation fund or retirement savings account will receive their superannuation guarantee contributions. If you choose not to complete this form your superannuation will default to the chosen fund stated below.

Employer Name: Workmates Australia Ltd

I (Employee Name) _____

would like to request Workmates Australia Pty Ltd to pay my superannuation guarantee contributions to

Workmates Australia Ltd default superannuation fund (please tick one of the below)

ANZ Smart Choice

Your Chosen Fund Details

I would like to request Workmates Australia Ltd pay my superannuation guarantee contributions to a superfund of my choice. I understand that, if I do not supply all of the below information Workmates Australia will default my superannuation to a fund chosen by the company.

Fund name: _____

Membership number: _____

Account Name: _____

Fund ABN: _____

Superannuation Product Identification Number: _____

Fund Address: _____

Fund Telephone Number: _____

1. A letter from the trustee stating that this is a complying fund and (for a self managed superannuation fund) a copy of the documentation from the Tax Office confirming the fund is regulated
2. Written evidence from the fund they will accept contribution funds from Workmates Australia, and
3. Details about how Workmates Australia can make contributions to this fund

Employer Contributions

Is your current superannuation contribution made at a higher level than the required 9.25% Yes No

If yes, please indicate the percentage _____%

If yes, please indicate if you would like these contributions to continue being paid by the company. Yes No

Salary Sacrifice

If you would like to salary sacrifice please indicate how much you would like below either by Amount or Percentage;

Amount: \$ _____ Percentage: _____%

Date: _____

Employee Signature: _____



WHY WMA?

PLEASE CIRCLE THE BOX OR BOXES WHERE OR HOW YOU FOUND OUT ABOUT WORKMATES AUSTRALIA WMA?...

1. SEEK	2. GUMTREE	3. INDEED
4. DAILY TELEGRAPH	5. MYCAREERS	6. FACEBOOK PAGE
7. WMA WEBSITE	8. FROM A FRIEND	9. WMA BROCHURE @ PUB
10. OTHER (PLEASE EXPLAIN):		

STATUTORY DECLARATION

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application and that all entries and information are true and complete to the best of my knowledge.

I authorise Workmates Australia Pty Ltd to make such investigations and inquiries on my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, health care providers, government authorities and other persons from all liability in responding to inquiries and releasing information in conjunction to my application.

In the event of employment, I understand that false or misleading information given in my application, interview, medical or any other employment process may result in termination of employment. I also understand that I am required to abide by all policy, procedures, guidelines and rules of the Company.

I authorise Workmates Australia to recover the cost of any fines that I incur, in the company name as a result of my complete disregard for the law. This includes acts such as excessive speed

Name of Applicant: _____

Name of Witness: _____

Signature of Applicant: _____

Signature of Witness: _____

Date: _____

Date: _____



Interview Questions

Tell me about yourself?

Why did you apply for this job?

What do you think your strengths are?

What skills and attributes do you think you need to work on more?

What motivates you to succeed or do well in a job?

What frustrates you in the workplace?

Do you like to be in a team environment or work by yourself?

Tell me about any major achievements or projects that you were involved in? What was your role?



What did you like/dislike about your last job?

What hourly rate/salary are you looking for?

How far from home are you willing to travel to work?

What are your goals for the future?

Do you have any holidays planned within the next 6 months?

How soon can you start work if successful?