

FUGEN

GROUP

This application for employment should be completed after having read the company's Employment Policy. If you have any questions, please ask. Please print all information required in the appropriate place.

BOTH PAGES TO BE COMPLETED.

My application is for work in: Sydney Brisbane Canberra

DATE: _____

NAME (SURNAME): _____ (GIVEN NAMES): _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____ HOME NO: _____

MOBILE NO: _____ DATE OF BIRTH: _____

EMAIL: _____

Do you maintain a different address other than that shown above? YES / NO

If so please give details.

JOB TITLE FOR WHICH APPLICANT IS APPLYING: **BRICKLAYER / LABOURER OR** _____

HAVE YOU INSTALLED HEBEL PANELS: **YES / NO**

- IF YES, PLEASE COMPLETE ATTACHMENT A

ARE YOU AN AUSTRALIAN RESIDENT? **YES / NO**

DO YOU HAVE A WORK VISA? **YES / NO** **EXPIRY:** _____

Do you have any qualifications, certificates or licences relevant to the building industry. If so please give the following details.

TYPE

REGISTRATION NUMBER

EXPIRY DATE

1) Do you hold a Drug and Alcohol Workplace Impairment Card Y / N

2) Have you been Dust Mask Fit tested Y / N

LONG SERVICE LEAVE NO: _____

BUILDING INDUSTRY SUPERANNUATION SCHEME: **C+BUS OR** _____ NUMBER: _____

BUILDING INDUSTRY REDUNDANCY SCHEME: **ACIRT OR** _____ NUMBER: _____

BANK ACCOUNT DETAILS (PAYMENT IS MADE DIRECT TO THE BANK AND ACCOUNT NUMBER YOU NOMINATE. THIS ACCOUNT MUST BE IN **YOUR NAME**).

BANK NAME (eg. ANZ) _____

BRANCH WHERE ACCOUNT IS KEPT: _____

BANK/STATE/BRANCH NO (SIX DIGITS): _____

ACCOUNT NO (MAX 9 DIGITS): _____

PLEASE CONFIRM THESE DETAILS WITH YOUR BANK IF UNSURE.

DETAILS OF MOST RECENT EMPLOYERS:

Most recent being No. 1.

1. COMPANY NAME: _____ SITE: _____

WORKS CARRIED OUT BY COMPANY: _____

CONTACT NAME: _____ PHONE: _____

MOBILE NO.: _____ DATES: From _____ To _____

2. COMPANY NAME: _____ SITE: _____

WORKS CARRIED OUT BY COMPANY: _____

CONTACT NAME: _____ PHONE: _____

MOBILE NO.: _____ DATES: From _____ To _____

3. COMPANY NAME: _____ SITE: _____

WORKS CARRIED OUT BY COMPANY: _____

CONTACT NAME: _____ PHONE: _____

MOBILE NO.: _____ DATES: From _____ To _____

DETAILS OF PREVIOUS WORKERS COMPENSATION CLAIMS: _____

EMERGENCY CONTACT DETAILS (NEXT OF KIN)

NAME OF CONTACT: _____

ADDRESS: (IF SAME AS ABOVE, STATE "AS ABOVE") _____

TELEPHONE NO: _____

I acknowledge that this application is not an offer of employment and that I have read and understood the company’s employment policy and accept the conditions contained therein. I understand that if I am successful in my application that I will be required to produce original documentation of all certificates, qualifications, licences and memberships relevant to the position. Failure to provide documents in accordance with this application or the company’s employment policy will result in instant dismissal, particularly if the information provided in or in connection with this application is false and/or misleading.

SIGNED: _____ DATE: _____

RETURN TO: FUGEN
PO BOX 730
BOTANY NSW 1455 or Email: payroll@fugen.com.au