

## LAMIO MASONRY SERVICES Pty Ltd

ABN 84 108 418 248 All Correspondence to:

P.O. Box 473 BROOKVALE NSW 2100

Telephone: 9905 2766 Facsimile: 9905 3744

## **EMPLOYEE REGISTRATION FORM**

	BRICKLAYER		LABOURER(	olease tick one)
1 2	NAME: ADDRESS:			
3	D/O/B:			
4	PHONE:	HOME:		
5	MOBILE: 5 EMERGENCY CONTACT			
		NAME:		
		PHONE:		
6	TFN#			ACIRT #
	C+BUS #			CTAS #
7	LSL # PREVIOUS EMPLOYMENT			OHS #
	company		period	phone
Α				
B C				
8	HEALTH CONDITION			(please tick one)
	Excellent	Good	Reasonable	Not Well
	Have you had any work related injuries? If so please explain type of injury, when it			
	occurred & time taken off work. Yes No			
9 10	NO. OF YEARS EXPERIENCE PUBLIC OR OWN MEANS OF TRANSPORT			
	SIGNATURE			DATE