

EMPLOYEE REGISTRATION FORM

BRICKLAYER.....

LABOURER..... (please tick one)

1 NAME:

2 ADDRESS:

.....

3 D/O/B:

4 PHONE: HOME:

MOBILE:

5 EMERGENCY CONTACT

NAME:

PHONE:

6 TFN #

ACIRT #

C+BUS #

CTAS #

LSL #

OHS #

7 PREVIOUS EMPLOYMENT

company	period	phone
---------	--------	-------

A
---	-------	-------	-------

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 NO. OF YEARS EXPERIENCE.....

10 PUBLIC OR OWN MEANS OF TRANSPORT.....

.....

SIGNATURE

...../...../.....

DATE