INCORPORATING

## **NEW CONCEPT**

94 Keilor Park Drive

**Locked Bag 24** 

TULLAMARINE VIC 3043 TULLAMARINE VIC 3043

PH: (03) 9287 9888

## FX: (03) 9287 9890

## **APPLICATION FOR EMPLOYMENT**

| OFFICE USE ONLY                                                                                             | START DATE               | SUPER FORM?                           | PAYROL                                            | PAYROLL NUMBER                        |             |              |  |
|-------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------|-------------|--------------|--|
| SECTION:                                                                                                    | RATE:                    | TAX FORM?                             | UNIFORM                                           | MS                                    |             |              |  |
| NAME:                                                                                                       |                          |                                       | TAX FILE NUMBER:                                  | <b>→</b>                              |             |              |  |
| ADDRESS:                                                                                                    |                          |                                       | NOT REQUIRED TIL                                  | NOT REQUIRED TIL EMPLOYMENT CONFIRMED |             |              |  |
|                                                                                                             |                          |                                       | POSTCODE:                                         |                                       | STATE:      |              |  |
| PHONE:                                                                                                      |                          |                                       | DATE OF BIRTH:                                    |                                       | AGE:        |              |  |
| MOBILE:                                                                                                     |                          |                                       | E-mail:                                           |                                       |             |              |  |
| EMERGENCY CONTACT                                                                                           |                          | · · · · · · · · · · · · · · · · · · · | polo shirt size:                                  | S M                                   | L X         | (L XXL       |  |
| Name & number                                                                                               |                          |                                       |                                                   |                                       |             |              |  |
| Do you have any medica                                                                                      | I conditions we need to  | know about ? - please                 | list below                                        |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
| HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES/NO IF SO, WHEN?                                                |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
| PREVIOUS EMPLOYMENT: List Company and Duties Performed (not required if you have previously worked with us) |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
| THE DATES OF THI                                                                                            | S EVENT ARE              | FROM:                                 | 10th August TO:                                   | 19th Aug                              | gust        | _            |  |
|                                                                                                             |                          |                                       |                                                   |                                       |             |              |  |
| BANK DETAILS                                                                                                | Please n                 | ote that you don't n                  | eed to complete this section                      | on until empl                         | oyment is c | onfirmed     |  |
| NAME OF BANK:                                                                                               |                          |                                       |                                                   |                                       |             |              |  |
| ADDRESS:                                                                                                    |                          |                                       |                                                   |                                       |             |              |  |
| BSB NO.                                                                                                     |                          |                                       | ACCOUNT NUMB                                      | ER                                    |             |              |  |
| ACCOUNT NAME:                                                                                               |                          |                                       |                                                   |                                       |             |              |  |
| PLEASE NOTE:                                                                                                |                          |                                       |                                                   |                                       |             |              |  |
| (a) Wages will be de                                                                                        | •                        |                                       | t 5 working days after the                        | •                                     |             | nt           |  |
| <ul><li>(b) Depending on tra</li><li>(c) Completion of ap</li></ul>                                         | •                        |                                       | minimum shift requiremer<br>arantee employment    | nt is complete                        | ed.         |              |  |
| (d) Work in the future                                                                                      | e is via invitation only | if your application                   | is successful                                     |                                       |             |              |  |
| • •                                                                                                         |                          |                                       | d during rostered periods processing, and/or dedu |                                       |             |              |  |
| (g) Friends wishing to                                                                                      | apply should reque       | st their own applica                  | tion form.                                        | •                                     | -           |              |  |
|                                                                                                             |                          |                                       | ee to same should my ap                           |                                       |             |              |  |
|                                                                                                             |                          | IRATION OF THIS SHO                   | W, AND UNDERSTAND THAT                            | I MAY BE ROS                          | STERED FOR  | R ANY PERIOD |  |
| BETWEEN 10th August a                                                                                       | and 19th August          |                                       |                                                   |                                       |             |              |  |
| SIGNATURE:                                                                                                  |                          |                                       |                                                   | DATE:                                 |             |              |  |