



Head Office: 2/7 Luso Drive,
Unanderra NSW 2526

Sydney Office: 15/41-43 Green Street,
Banksmeadow 2019

Ph: 1300 559 835
Fax: 02 4272 3224

recruitment@contractorsunited.com.au
www.contractorsunited.com.au

ABN 27 083 083 649

ACN 083 083 649

APPLICATION FOR EMPLOYMENT

Privacy Disclaimer

Contractors United understands that you are concerned about your privacy and about the confidentiality and security of information we obtain from you. Therefore Contractors United complies with the National Privacy Principles as set out in the *Commonwealth Privacy Act 1988* in relation to all personal information we collect.

Contractors United respects the privacy of personal information and we will take all reasonable steps to keep it strictly confidential. Contractors United will only disclose personal information about you where required by law. Your personal information is stored securely where the staff members who handle it have the knowledge and skill to protect it from unauthorised access and misuse.

APPLICANT DETAILS

First Name: _____ Last Name: _____

Address: _____

_____ Post Code: _____

Telephone Home: _____ Mobile: _____

Email: _____

Date of Birth: _____ Position: _____

Are you seeking (Please tick appropriate box);

Full-time Part-time Casual Work Are

you eligible for employment in Australia? (Please tick box):

Yes No

(Please note that proof may be required such as Australian Birth Certificate, Australian Citizenship Certificate, and Temporary Visa etc.)

Are you an Indigenous Australian or Torres Strait Islander? (Please tick box):

Yes No



Head Office: 2/7 Luso Drive,
Unanderra NSW 2526

Sydney Office: 15/41-43 Green Street,
Banksmeadow 2019

Ph: 1300 559 835
Fax: 02 4272 3224

recruitment@contractorsunited.com.au
www.contractorsunited.com.au

ABN 27 083 083 649

ACN 083 083 649

Do you have a current driver's licence? Yes No

If yes, what is the classification: _____

Do you have regular access to a vehicle? Yes No

EMERGENCY CONTACT DETAILS

Name: _____

Address: _____

_____ PostCode: _____

Telephone: Home: _____ Mobile: _____

Relationship to Applicant: _____

BANK DETAILS

Account Name: (e.g. John R Smith) _____

Bank: _____ Branch Location: _____

BSB Number: _____ Account Number: _____

Will you be joining us as a direct employee with a Tax File Number (TFN) or Australian Business Number (ABN)?

TFN

Please complete the Tax File Number Declaration and choice of Superannuation forms on the following pages

ABN

Your ABN _____

Please continue to page 5



Choice of super fund: standard choice form

Complete this form if you are an:

- employer with employees who are eligible to choose a super fund, OR
- employee who is eligible to choose a super fund.

Do not send this form to the Australian Tax Office (ATO) or your super fund. This form is for the Employer to keep.

SECTION A Employee to complete

STEP 1 Your details

First name

Surname

Tax File Number (TFN)

Refer overleaf for information on TFN.

STEP 2 Your choice

I request all of my future super contributions to be paid to:

- OPTION 1 – My Employer’s default fund: Cbus **DO STEP 3 & 5**
- OPTION 2 – My own choice **DO STEP 4 & 5**

STEP 3 Your Cbus membership number

I am already a member of Cbus and want my super paid into my existing account.

STEP 4 Details of my chosen super fund

Fund name

Fund address

Suburb/Town

State/Territory Postcode

Member number (if applicable)

Account name

Superannuation fund’s Australian Business Number (ABN) (if applicable)

Unique Superannuation Identifier (USI) (if applicable)

Daytime phone number ()

Appropriate documentation

You need to attach a letter from your fund or SMSF stating that they are a complying fund and that they will accept contributions from your employer.

Is this a SMSF?

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

- You need to attach a document confirming the SMSF is an ATO regulated super fund.

Fund bank account

BSB code (please include all six numbers)

Account number

Fund electronic service address (ESA)

STEP 5 Sign and date

Either print and sign the paper form, or type in your full name to ‘sign’ the form electronically.

SIGN HERE

Date

SECTION B Employer to complete

STEP 6 Your details

Business name

ABN

SIGN HERE

Date

STEP 7 Your employer default super fund

If your employee does not choose a different super fund, super contributions will be paid to the following fund on behalf of this employee (unless the employee has previously chosen a different fund):

Fund Name **C B U S**

Unique Superannuation Identifier (USI) (if applicable) **C B U 0 1 0 0 A U**

For the Product Disclosure Statement (PDS) for this fund (if applicable)

Phone **1 3 0 0 3 6 1 7 8 4**

Fund’s website **www.cbussuper.com.au**

FOR YOUR RECORDS

! This section must be completed when the employee returns the form to you with a completed Section A.

Date valid choice is accepted

Date you act on your employee’s valid choice

! Employers must keep the completed form for their own records for five years.

When you receive this form and all of the required information from your employee and where an employee has chosen a fund, any contributions in the two months after receiving the form can be made to either your employer default fund or your employees chosen fund. Contributions after the two months must be paid to the employees chosen fund. If they choose to stay with the fund you have chosen, make contributions as required.



Head Office: 2/7 Luso Drive,
Unanderra NSW 2526

Sydney Office: 15/41-43 Green Street,
Banksmeadow 2019

Ph: 1300 559 835
Fax: 02 4272 3224

recruitment@contractorsunited.com.au
www.contractorsunited.com.au

ABN 27 083 083 649

ACN 083 083 649

Please tick the locations and its surrounding areas you are willing and able to work in

Wollongong / Illawarra	<input type="checkbox"/>	Sydney CBD & Inner Suburbs	<input type="checkbox"/>	South West Sydney e.g. Liverpool, Bankstown	<input type="checkbox"/>
Southern Sydney e.g. Sutherland, Cronulla	<input type="checkbox"/>	Western Sydney e.g. Parramatta, Blacktown	<input type="checkbox"/>	Campbelltown Region e.g. Camden, Narellan	<input type="checkbox"/>
Inner West e.g. Balmain, Drummoyne	<input type="checkbox"/>	South Coast	<input type="checkbox"/>	Working away from home	

Please tick what skills and experience you have:

Tickets		Labourer		Remedial		Various tasks		Civil Works	
White Card		Labouring		Brick Repair		Concrete pour		Excavator	
Work at Heights		Jack Hammering		Crack Repair		Landscaping		Bobcat Operator	
Confined Space		Hand Tools		Rendering exp.		Roofing		Bulldozer	
Bluescope Passport		Power tools		Patcher		Fencing		Front End Loader	
RISI /RIW		Digging		Concrete repair		Formwork		Backhoe	
EWP		Lifting		Steel Fixing		Painting exp.			
First Aid		Demolition		Carbon Fibre		Scaffold Labourer			
Traffic Control		Site clean		Carpentry exp.		Screed concrete			
Gold Card		Mix Concrete				Use a trowel			

Trade qualification / tickets in the following:

Trades		Tickets /Certificates		Operator		Warehousing	
Carpenter		Waterproofer		Forklift		Pick Packer	
Electrician		Scaffolder		Manitou		Warehousing	
Renderer		Joinery		Telehandler		Storeperson	
Plasterer		Asbestos removal		Hoist		Freight Handler	
Welder		Rigger		Crane Operator		Truck driver	
Builder		Dogman					
Plumber							
Bricklayer							
Painter							

Other comments: _____



Head Office: 2/7 Luso Drive,
Unanderra NSW 2526

Sydney Office: 15/41-43 Green Street,
Banksmeadow 2019

Ph: 1300 559 835
Fax: 02 4272 3224

recruitment@contractorsunited.com.au
www.contractorsunited.com.au

ABN 27 083 083 649

ACN 083 083 649

EDUCATION

Tertiary (University, TAFE etc): _____

Secondary (High School): _____

PLEASE SUPPLY COPIES OF ALL QUALIFICATIONS, SKILLS AND EXPERIENCE WITH THIS APPLICATION.

EMPLOYMENT DETAILS

Current/Previous Position: _____ From: ___/___/___ to ___/___/___

Employer: _____ Phone: _____

Type of Business: _____ Name of Referee: _____

Reason for leaving: _____

Previous Position: _____ From: ___/___/___ to ___/___/___

Employer: _____ Phone: _____

Type of Business: _____ Name of referee: _____

Reason for leaving: _____

(Please note the Company may contact referee's to confirm details above and to further enquire about your suitability for the position – please advise if you do not want the Company to contact your current employer)



Head Office: 2/7 Luso Drive,
Unanderra NSW 2526

Sydney Office: 15/41-43 Green Street,
Banksmeadow 2019

Ph: 1300 559 835
Fax: 02 4272 3224

recruitment@contractorsunited.com.au
www.contractorsunited.com.au

ABN 27 083 083 649

ACN 083 083 649

HEALTH

Have you had any Workers Compensation Claims? Yes No

If yes, please provide details; for example type of injury and time off work:

To assist us comply with our obligation to ensure a safe workplace, and in order to enable us to determine whether applicants are able to safely and adequately perform duties required by the position, please provide details of any previous or current injuries, illnesses or disabilities (other than stated above) which you are aware, and which you believe may affect your ability to carry out the requirements of the position.

Do you have, or have you ever had:

Condition	No	If yes, please provide details
Heart conditions? (e.g. angina/heart attack)		
Wheezing, chest tightened, breathing problems?		
Asthma?		
Pneumonia?		
Disease of the brain or nervous system?		
Dizziness or fainting spells?		
Epilepsy, fits or convulsions?		
Migraine or severe/persistent headaches?		
Bowel disorder, ulcers or hernia?		
Sleep related disorders?		
Diabetes?		
Back injuries?		



Head Office: 2/7 Luso Drive,
Unanderra NSW 2526

Sydney Office: 15/41-43 Green Street,
Banksmeadow 2019

Ph: 1300 559 835

Fax: 02 4272 3224

recruitment@contractorsunited.com.au

www.contractorsunited.com.au

ABN 27 083 083 649

ACN 083 083 649

Condition	No	If yes, please provide details
Conditions of the bones, joints or limbs?		
Claustrophobia?		
Nervous disorders, psychiatric illness?		
Anxiety or depression?		
Any phobias e.g. insects, rats etc.?		
Bladder or kidney problems?		
Visual impairment?		
Hearing impairment?		
Contagious diseases?		
Severe anaemia or bleeding problems?		
Major operations?		
Any reason preventing you wearing a face mask?		
Are you currently taking any medication?		
Are you receiving any medical treatment?		
Any other medical conditions not mentioned?		
Are your immunisations up to date?		
Have you had Hep A, Hep B and tetanus immunisations?		

Please provide a doctor's certificate from your local GP stating that you are fit for work and can conduct manual labour prior to commencement.

If applying for confined space work, please provide a certificate stating that you are fit for work in confined spaces.



Head Office: 2/7 Luso Drive,
Unanderra NSW 2526

Sydney Office: 15/41-43 Green Street,
Banksmeadow 2019

Ph: 1300 559 835

Fax: 02 4272 3224

recruitment@contractorsunited.com.au

www.contractorsunited.com.au

ABN 27 083 083 649

ACN 083 083 649

Policies and Procedures

I, _____ declare that I have read and understood the following documents and will abide by these policies and procedures throughout the duration of my employment with Contractors United.

- Contractors United New Starter Induction booklet
- Contractors United Injury and Incident Procedures
- Contractors United Drug and Alcohol Policy
- Contractors United Health & Safety Policy

Name _____ Signature _____ Date _____

DECLARATION

I understand that any false or misleading information given in this application, whether in writing or during an interview, may be reason for my employment, if I am appointed, to be terminated. I declare that to the best of my knowledge any information provided in or in relation to this application is true, complete and correct.

Name _____ Signature _____ Date _____