



Servicing Sydney, Illawarra & Interstate

www.workforceunited.com.au

will@workforceunited.com.au

0402 573 557

ABN: 40 660 576 027

APPLICATION FOR EMPLOYMENT

Privacy Disclaimer

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

WorkForce United respects the privacy of personal information and we will take all reasonable steps to keep it strictly confidential. WorkForce United will only disclose personal information about you as 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: _____ Surname: _____

Address: _____

Town: _____ Post Code: _____

Phone (H): _____ Mobile: _____

Email: _____

DOB: _____ Position: _____

Which type of work are you seeking (please tick)

Full-Time

Part-Time

Casual

Are you eligible for employment in Australia?

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

Yes

No

Are you an Indigenous Australian or Torres Strait Islander? (please Tick)

Indigenous Australian

Torres Strait Islander

Neither

Do you have a current Driver's licence?

Yes

No

Classification: _____

Do you have regular access to a vehicle?

Yes

No



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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 No: _____

BANK DETAILS

BSB: _____ Account No: _____

Account Name: _____

Bank: _____

EMERGENCY CONTACT DETAILS

First Name: _____ Surname: _____

Address: _____

Town: _____ Post Code: _____

Phone: _____ Relationship: _____

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

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



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory Postcode

5 What is your primary e-mail address?

6 What is your date of birth? / /

7 On what basis are you paid? (select only one)
Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one)
An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer?
Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
Yes No Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature Date / /

There are penalties for deliberately making a false or misleading statement.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer Date / /

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT
See next page for:
■ payer obligations
■ lodging online.





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.



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Please tick which tickets, skills, and experience you have:

TICKETS	
<input type="checkbox"/>	White Card
<input type="checkbox"/>	Work at Heights
<input type="checkbox"/>	Confined Space
<input type="checkbox"/>	BlueScope Passport
<input type="checkbox"/>	RSI / RIW
<input type="checkbox"/>	EWP
<input type="checkbox"/>	First Aid
<input type="checkbox"/>	Traffic Control
<input type="checkbox"/>	Gold Card

LABOURER	
<input type="checkbox"/>	Labouring
<input type="checkbox"/>	Jack Hammer
<input type="checkbox"/>	Hand Tools
<input type="checkbox"/>	Power Tools
<input type="checkbox"/>	Digging
<input type="checkbox"/>	Lifting
<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Site Clean
<input type="checkbox"/>	Mix Concrete

REMEDIAL	
<input type="checkbox"/>	Brick Repair
<input type="checkbox"/>	Crack Repair
<input type="checkbox"/>	Rendering
<input type="checkbox"/>	Patcher
<input type="checkbox"/>	Concrete Repair
<input type="checkbox"/>	Steel Fixing
<input type="checkbox"/>	Carbon Fibre
<input type="checkbox"/>	Carpentry
<input type="checkbox"/>	Waterproofing

VARIOUS TASKS	
<input type="checkbox"/>	Concrete Pour
<input type="checkbox"/>	Landscaping
<input type="checkbox"/>	Roofing
<input type="checkbox"/>	Fencing
<input type="checkbox"/>	Formwork
<input type="checkbox"/>	Painting
<input type="checkbox"/>	Scaffold Labour
<input type="checkbox"/>	Screed Concrete
<input type="checkbox"/>	Trowel Use

CIVIL WORKS	
<input type="checkbox"/>	Excavator
<input type="checkbox"/>	Bobcat Operator
<input type="checkbox"/>	Bulldozer
<input type="checkbox"/>	Front End Loader
<input type="checkbox"/>	Backhoe
<input type="checkbox"/>	Skid Steer
<input type="checkbox"/>	Other

Do you have any Trade Qualifications or tickets in the following:

TRADES	
<input type="checkbox"/>	Carpenter
<input type="checkbox"/>	Electrician
<input type="checkbox"/>	Renderer
<input type="checkbox"/>	Welder
<input type="checkbox"/>	Builder
<input type="checkbox"/>	Plumber
<input type="checkbox"/>	Bricklayer
<input type="checkbox"/>	Painter

QUALIFICATIONS	
<input type="checkbox"/>	Waterproofer
<input type="checkbox"/>	Scaffolder
<input type="checkbox"/>	Joinery
<input type="checkbox"/>	Asbestos Removal
<input type="checkbox"/>	Rigger
<input type="checkbox"/>	Dogman

OPERATOR	
<input type="checkbox"/>	Forklift
<input type="checkbox"/>	Manitou
<input type="checkbox"/>	Telehandler
<input type="checkbox"/>	Hoist
<input type="checkbox"/>	Overhead Crane
<input type="checkbox"/>	In-Cabin Crane

WAREHOUSING	
<input type="checkbox"/>	Pick Packer
<input type="checkbox"/>	Warehousing
<input type="checkbox"/>	Store Person
<input type="checkbox"/>	Dispatching
<input type="checkbox"/>	Freight Handling
<input type="checkbox"/>	Truck Driving

Any other comments on your industry experience / qualifications:

Education

Tertiary (University / TAFE):

Secondary (High School):

Please supply copies of all qualification, skills, & experience with this application

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



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Employment History

Most recent Position: _____ From: _____ To: _____

Employer: _____ Phone: _____

Type of Business: _____ Reference Name: _____

Reason For Leaving: _____

Previous Position: _____ From: _____ To: _____

Employer: _____ Phone: _____

Type of Business: _____ Reference Name: _____

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

HEALTH HISTORY

Have you had any Worker's Compensation Claims? Yes No

If yes, please provide details; for example type of injury & 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.



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Do you have or have you ever experienced any of the following?

YES	CONDITION	If yes, please provide details
	Heart conditions (e.g. angina/heart attack)	
	Asthma / Pneumonia / Wheezing, tight chest, breathing problems	
	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	
	Conditions of the bones, joints or limbs	
	Claustrophobia / Any phobias e.g. insects, rats etc.	
	Nervous disorders, psychiatric illness	
	Anxiety or depression	
	Bladder or kidney problems	
	Visual impairment	
	Hearing impairment	
	Contagious diseases	
	Severe anemia 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?

Yes

No

Are your immunisations up to date?

Yes

No

Have you had Hep A, Hep B and tetanus immunisations?

Yes

No

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



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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 WorkForce United.

WorkForce United New Starter Induction booklet

WorkForce United Injury and Incident Procedures

WorkForce United Drug and Alcohol Policy

WorkForce United Health & Safety Policy

DECLARATION

I understand that any false or misleading information given in this application, whether in writing or during an interview, may be a 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: _____ **Date:** _____

Signature: _____