



NATIONAL INTEGRATED SERVICES PTY LTD



National Integrated Services Pty. Ltd.

Please complete the application and return to us via Fax 612 9681 7296 or email to admin@nationalinsulation.com.au

POSITION: _____ DATE APPLIED: _____

SURNAME: _____ PHONE: _____

GIVEN NAME: _____ MOBILE: _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ COUNTRY OF BIRTH: _____

ARE YOU PERMANENT RESIDENT OF AUSTRALIA? YES / NO

TRADE QUALIFICATIONS: _____ WHERE ACHIEVED? _____

EDUCATION QUALIFICATIONS: _____

DRIVER LICENCE No.: _____ EXPIRY DATE: _____

DETAILS OF LAST THREE (3) EMPLOYERS (Starting with last or present):

1. COMPANY NAME: _____

POSITION: _____ FORM: _____ TO: _____

REASON FOR LEAVING: _____

2. COMPANY NAME: _____

POSITION: _____ FORM: _____ TO: _____

REASON FOR LEAVING: _____

3. COMPANY NAME: _____

POSITION: _____ FORM: _____ TO: _____

REASON FOR LEAVING: _____

NAMES OF THREE (3) REFEREES:

1. _____ TELEPHONE: _____

2. _____ TELEPHONE: _____

3. _____ TELEPHONE: _____

OFFICE USE ONLY

APPEARANCE: _____ GOOD / AVERAGE / POOR

PRESENTATION: _____ GOOD / AVERAGE / POOR

ATTITUDE: _____ GOOD / AVERAGE / POOR

PASSPORT SIGHTED: _____ YES / NO

REMARKS: _____

INTERVIEWED BY: _____ DATE: _____

MEDICAL

1. ARE YOU RECEIVING, OR HAVE YOU EVER RECEIVED WORKERS' COMPENSATION PAYMENTS? IF 'YES' PLEASE GIVE DETAILS. YES NO

DETAILS OF COMPENSATION: _____

2. HAVE YOU EVER CONSULTED A DOCTOR OR TREATMENT FOR ANY OF THE FOLLOWING DISORDERS:

- | | | |
|-------------------------------|-----|----|
| a. JOINT OR MUSCULAR INJURIES | YES | NO |
| b. EYESHOT OR DEFICIENCY | YES | NO |
| c. EPILEPSY OR BLACKOUT | YES | NO |
| d. HEARING LOSS | YES | NO |
| e. DIABETES | YES | NO |
| f. DERMATITIS | YES | NO |
| g. HEART COMPLAINTS | YES | NO |
| h. HERNIA | YES | NO |
| i. ASTHMA OR BRONCHITIS | YES | NO |
| j. BACK INJURY | YES | NO |
| k. NERVOUS DISORDERS | YES | NO |
| l. OTHER SKIN COMPLAINTS | YES | NO |

3. WILL YOU HAVE A MEDICAL IF REQUIRED? YES NO

4. DETAILS OF ANY SERIOUS ILLNESS OR DISABILITY _____

ASBESTOS REMOVALISTS APPLICATION ONLY

- | | | |
|---|-----|----|
| 1. DO YOU SMOKE? | YES | NO |
| 2. CONDITION OF HEALTH | YES | NO |
| 3. WEIGHT: | YES | NO |
| 4. HEIGHT: | YES | NO |
| 5. HAVE YOU WORKED WITH ASBESTOS BEFORE? | YES | NO |
| 6. DO YOU CONSENT TO A MEDICAL CHEST X-RAY PRIOR TO COMMENCEMENT: | YES | NO |
| 7. DO YOU CONSENT TO MEDICAL CHECK-UP ON ANNUAL BASIC? | YES | NO |

I agree to observe personal hygiene in accordance with National Health and Medical Research Council's recommendations.

I am able to demonstrate proficiency during the pre-commencement training period and that failure to maintain this standard may result in my dismissal.

I agree to wear respiratory protective devices.

SIGNATURE: _____ DATE: _____

SAFETY QUESTIONNAIRE

AS AN EMPLOYEE OF NATIONAL INTEGRATED SERVICES PTY LTD. YOU WILL BE REQUIRED TO WORK UNDER MANY VARYING CONDITIONS. PLEASE SIGNIFY BY ANSWERING 'YES' OR 'NO' TO WHETHER YOU ARE PREPARED TO:

- | | | |
|--|-----|----|
| 1. WEAR AN IDENTIFICATION BADGE | YES | NO |
| 2. WORK AT HEIGHTS | YES | NO |
| 3. WORK FROM SCAFFOLD | YES | NO |
| 4. WORK SHIFT-WORK WHEN REQUIRED | YES | NO |
| 5. WORK OVERTIME WHEN REQUIRED | YES | NO |
| 6. WORK IN CONFINED SPACE | YES | NO |
| 7. HANDLE INSULATION MATERIALS e.g. Fibreglass | YES | NO |
| 8. WEAR APPROVED SAFETY GLASSES OR GOGGLES | YES | NO |
| 9. OBSERVE ALL SECURITY REGULATIONS | YES | NO |
| 10. OBSERVE ALL SAFETY REGULATIONS | YES | NO |
| 11. JOIN AN APPROPRIATE UNION OF REQUIRED | YES | NO |

THIS SECTION MUST BE COMPLETED OR APPLICATION WILL BE REJECTED

DECLARATION BY APPLICANT

I acknowledge that my employment with National Integrated Services is subject to the following conditions:-

1. I agree to be transferred to any site or location that National Integrated Services may work on.
2. I agree that the above information is true and correct and I understand that any misrepresentation of facts is sufficient cause for dismissal.
3. I understand that my wages will be directly credited to my bank account YES / NO
4. I am a legal migrant or Australian Citizen

TAX FILE No: _____

UNION NAME: _____

LSL: _____

OTHERS: _____

MEMBERSHIP No: _____

MEMBERSHIP No: _____

MEMBERSHIP No: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

DIRECT WAGE PAYMENTS

On thisday of....., I
do hereby give my permission for National Integrated Services Pty Ltd
to pay my weekly wages directly into my bank account.

BANK NAME: _____

BRANCH: _____

B.S.B. No: _____

ACCOUNT No: _____

ACCOUNT NAME: _____

Signature: _____ Date: _____

EMPLOYEE INFORMATION SUMMARY

COMMENCEMENT DATE: _____

TERMINATION DATE: _____

PERSONAL DETAILS

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____

MOBILE PHONE: _____

TAX FILE No: _____

SUPERANNUATION DETAILS:

SUPER NAME: _____

MEMBERSHIP No: _____

EMERGENCY CONTACT DETAILS:

SURNAME: _____

GIVEN NAME: _____

RELATED TO YOU? (e.g. wife, son or brother.)

ADDRESS: _____

HOME PHONE: _____

MOBILE PHONE: _____