



GLOBAL LABOUR  
SOLUTIONS

## Employee Details Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Sex: M / F

Tax File No: \_\_\_\_\_ HECS Debt: \_\_\_\_\_

Superfund: \_\_\_\_\_ Member No: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

### Employment Details:

Employee Number: \_\_\_\_\_ Annual Rate: \$ \_\_\_\_\_

Date Commenced: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_

Section: \_\_\_\_\_ Location: \_\_\_\_\_

### Deduction Options:

Voluntary Tax: \$ \_\_\_\_\_ Salary Sacrifice: \$ \_\_\_\_\_

Member's After Tax: \$ \_\_\_\_\_

### Employment Category:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Casual: \_\_\_\_\_ Permanent: \_\_\_\_\_

# Application for Employment

Position	
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**Personal Details**

Last name		First name(s)	
Date of birth			
Address			
Phone			
Drivers Licence		Have you ever had your Drivers Licence revoked?	
Emergency contact and relationship to you		Phone	

**Qualifications / Experience**

<b>Qualifications</b>
<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>
<b>Skills /Experience</b>
<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>

**Current or most recent employer / reference**

<b>Office use only</b>				
Dates From / To	Position held	Employer name & address	Contact & telephone	Checked
Do you agree for current employer to be contacted?			YES / NO / N/A	
Reason for leaving?				

**Previous employers / references**

Dates From / To	Position held	Employer name & address	Contact & telephone	Checked

Are there any medical reasons why you may not be able to work safely and efficiently (e.g. health conditions)?				
Is there any further information that you wish to add?				

**References**

Provide three references including, names, contact numbers, relationship to you (e.g. supervisor).

Name	Contact number	Relationship

**Educational History**

School attended	
Date last attended	
Highest level achieved	
Major achievements at school level	
Provide reference & contact number	

**Further Education**

Institution attended	
Dates attended	
Course/s completed	
Level achieved	
Major achievements	
Provide reference & contact number	
Institution attended	
Dates attended	
Course/s completed	
Level achieved	
Major achievements	
Provide reference & contact number	

**General**

From what date will you be able to start work?	
What type of employment do you seek?	full-time   part-time   casual   contract
This job may require travelling. Do you have any concerns about travelling?	

Have you ever applied for a position with this company?	
Have you worked for this company previously?	
Do you have a criminal record?	

**Declaration**

To the best of my knowledge, I believe that the above statements are true and correct. I understand that any deliberately false, misleading or incomplete statements may lead to my dismissal, if employed.

I \_\_\_\_\_ give this company permission to conduct the relevant reference checks and obtain the required information from past employers and/or other relevant parties. I understand that this will be done in an ethical and legal manner and will not compromise my current employment situation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Important note: This company is an EEO employer (Equal Employment Opportunity) and does not discriminate against any current or future employee. If you feel that at any stage this company or a representative of this company has discriminated against you, we encourage you to seek the appropriate legal advice.

**FOR OFFICE USE ONLY**

Application approved		Date	
Payroll entry		Other information	

**Reference checks**

	Reference	Comments
1		
2		
3		

**Notes**

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# Emergency Contact Permission Form

In the event of an accident or illness, please provide the following details:

Employee		
Address		
Phone		Mobile :
Contact - 1		
Relationship		Daytime Number:
Contact - 2		
Relationship		Daytime Number:
Doctor		
Surgery		
Phone		
Medications	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Allergies	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> </ul>	
Other		

I understand that this information will be confidential and only used in an emergency situation or in the event of being absent from work without prior notice or having failed to contact your supervisor prior to 9 am on day of absence.

Signed: \_\_\_\_\_

Date        /        /

# HR Policies and Procedures Manual Acknowledgement Form

The intent of the Human Resources Policies and Procedures Manual is to provide a statement of guidelines dictating how the company intends to manage employees and employee related matters.

As an employee you are required to read the contents of this HR Policies and Procedures Manual because it details the terms and conditions of your employment with Global Labour Solutions Pty Ltd.. **All employees** must acknowledge understanding of these policies and procedures by completing this form.

I, \_\_\_\_\_ have read the HR Policies and Procedures Manual and I understand the terms and conditions contained within. By signing this acknowledgement I agree to abide by these terms and conditions throughout my employment with Global Labour Solutions Pty Ltd.. I understand that any major changes to the HR Policies and Procedures Manual will be communicated to me and I am required to read and understand these changes as they also form part of this acknowledgement.

I understand that the Policies and Procedures implemented by Global Labour Solutions Pty Ltd. extend to and cover all operations and functions of the business.

I agree to undertake training in relation to the standards expected of me as an employee and shall read workshop notes and complete exercises as required.

I shall report any related weaknesses that come to my attention or any incidents/complaints that may possibly constitute a breach of Global Labour Solutions Pty Ltd.'s Policies and Procedures.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Location: \_\_\_\_\_

**Please return signed acknowledgement to Global Labour Solutions.**

# HR Policies and Procedures Manual Acknowledgement Form

The intent of the Human Resources Policies and Procedures Manual is to provide a statement of guidelines dictating how the company intends to manage employees and employee related matters.

As an employee you are required to read the contents of this HR Policies and Procedures Manual because it details the terms and conditions of your employment with (abbreviated name). **All employees** must acknowledge understanding of these policies and procedures by completing this form.

I, \_\_\_\_\_ have read the HR Policies and Procedures Manual and I understand the terms and conditions contained within. By signing this acknowledgement I agree to abide by these terms and conditions throughout my employment with (abbreviated name). I understand that any major changes to the HR Policies and Procedures Manual will be communicated to me and I am required to read and understand these changes as they also form part of this acknowledgement.

I understand that the Policies and Procedures implemented by (abbreviated name) extend to and cover all operations and functions of the business.

I agree to undertake training in relation to the standards expected of me as an employee and shall read workshop notes and complete exercises as required.

I shall report any related weaknesses that come to my attention or any incidents/complaints that may possibly constitute a breach of (abbreviated name)' Policies and Procedures.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

**Please return signed acknowledgement to Global Labour Solutions.**

# Pre-Employment Health Declaration

Employment with **Global Labour Solutions** is conditional on the applicant being suitable for employment and fully able to perform the inherent requirements for the position.

When completing the health declaration you as an applicant for employment must do so in the full knowledge of the position as outlined in the relevant job description and/or selection criteria discussed at interview.

The primary purpose of this pre-employment health declaration is to assist **Global Labour Solutions** to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of disability, illness or injury. The health declaration is required so that **Global Labour Solutions** may take the appropriate and reasonable action to ensure the employee's health, safety and wellbeing.

You are required to disclose to **Global Labour Solutions** any pre-existing illness, disease, injury, ailment or condition that you have suffered or continue to suffer of which you are aware and could reasonably be expected to foresee, and could be affected by the nature of the proposed employment.

## Privacy

**Global Labour Solutions** takes your privacy seriously. All details provided on this form are treated confidentially. The completed health declaration form will be retained on your personnel file, which is kept secure at all times. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for six months and then destroyed.

**Global Labour Solutions** and its employees may use the information in your health declaration for the purpose of assessing your suitability for employment in the role applied for. Further, **Global Labour Solutions** may disclose that information to its legal advisers for the purpose of obtaining legal advice concerning your health declaration and any legal proceedings in which your health declaration is relevant.

Should any circumstances change that may affect your capacity to perform the inherent requirements of the position that you are undertaking, you are obliged to inform your manager as soon as these circumstances are known.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

**Please return signed acknowledgement to Global Labour Solutions.**