



## Employment Registration Form

Today's Date:			DD/MMM/YYYY
Surname:		First Name:	
Residential Address:			
State:		Postcode:	
Date of Birth:	DD/MMM/YYYY	Place of Birth	
Home Phone:		Mobile Phone:	
Email:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Do you identify as:	Non-English Speaking background <input type="checkbox"/>	Aboriginal or Torres Strait Islander <input type="checkbox"/>	Have a disability <input type="checkbox"/>
Current Drivers Licence:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Access to transport:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence Number:		State of issue:	
Licence Class:		Licence Conditions:	
Current Visa/Work Rights:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Origin:	
Do you own:	Safety boots <input type="checkbox"/>	UHF Radio (for TC) <input type="checkbox"/>	Wide brim hat <input type="checkbox"/>
	Hi-Vis Shirt <input type="checkbox"/>	Hard Hat <input type="checkbox"/>	Safety Glasses <input type="checkbox"/>
Are you taking any medication that may affect your performance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been injured at work and submitted a claim?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any pre-existing/current injuries that may affect your work?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:			

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ABN 13 099 458 590

**Port Macquarie**

(PO Box 2101)

12 Belah Road

Port Macquarie NSW 2444

**Coffs Harbour**

U8/21 Industrial Drive

Coffs Harbour NSW 2450

**Taree**

U2/34 Hargreaves Drive

Taree NSW 2430



Emergency Contact				
Surname:			First Name:	
Relationship to you:				
Home Phone:			Mobile Phone:	
Work History – Last three (3) employers & a referee				
Company Name:			Position:	
Start / Finish Dates:	MM/YYYY	MM/YYYY	Contact Name:	
			Contact Number:	
Company Name:			Position:	
Start / Finish Dates:	MM/YYYY	MM/YYYY	Contact Name:	
			Contact Number:	
Company Name:			Position:	
Start / Finish Dates:	MM/YYYY	MM/YYYY	Contact Name:	
			Contact Number:	
Do you give consent for your referees to be contacted?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Declaration				
<p><b>I confirm that</b> all the information I have provided to Men And Women At Work in this entire document is True &amp; Correct.</p> <p><b>I understand that</b> if I give false or misleading information to Men And Women At Work it may jeopardise any future placements, or result in termination.</p>				
				<b>Date:</b> DD/MMM/YYYY

Office Use Only		
Bullhorn <input type="checkbox"/>	WHS Questionnaire <input type="checkbox"/>	Resume Supplied <input type="checkbox"/>
Reference Checked <input type="checkbox"/>	Licence & Tickets <input type="checkbox"/>	Bank/Tax/Super <input type="checkbox"/>



## Employment Skills

High Risk Work Licences				
Tickets (current)	White Card <input type="checkbox"/>	EWP<11m <input type="checkbox"/>	EWP>11m <input type="checkbox"/>	Forklift <input type="checkbox"/>
	Crane <input type="checkbox"/>	Rigging <input type="checkbox"/>	Dogging <input type="checkbox"/>	Scaffolding <input type="checkbox"/>
	Working near powerlines <input type="checkbox"/>		Confined Spaces <input type="checkbox"/>	
Traffic Control				
Tickets	TCR <input type="checkbox"/>	IMP <input type="checkbox"/>	PWZ <input type="checkbox"/>	TMA <input type="checkbox"/>
Experience	VMS <input type="checkbox"/>	Cone Truck <input type="checkbox"/>	Pilot <input type="checkbox"/>	Worker on Foot <input type="checkbox"/>
	Team Leader <input type="checkbox"/>	Scheduler <input type="checkbox"/>	TGS CAD <input type="checkbox"/>	Supervisor <input type="checkbox"/>
Employment Experience				
Equipment Operator including VOC	Backhoe <input type="checkbox"/>	Skid Steer <input type="checkbox"/>	Excavator <input type="checkbox"/>	Dozer <input type="checkbox"/>
	Grader <input type="checkbox"/>	Roller <input type="checkbox"/>	Tele Handler <input type="checkbox"/>	Chainsaw <input type="checkbox"/>
Trades:				
Professions:				
Retail:				
Administration:				
Agriculture:				
Logistics/Transport:				
Defence:				
Law Enforcement:				
Healthcare:				
Hospitality:				
Labourer:				
Miscellaneous:	First Aid <input type="checkbox"/>	CPR <input type="checkbox"/>	Advanced First Aid <input type="checkbox"/>	



## Terms and Conditions of Employment

The payment of wages will be governed by the relevant Industrial Agreement.

Please read our Conditions of Employment carefully.

1. Employment will be on a casual basis unless otherwise indicated. As a temporary employee, Men And Women At Work is your employer regardless of the length of the assignment, unless specific arrangements are made between Men And Women At Work and the Host employer.
2. At all times it is expected that you will adhere to our WHS documents (provided at induction), including wearing of personal protective equipment as directed. It is your responsibility to keep this equipment well maintained and presentable.
3. If any situation arises which you feel is outside of this document or safety is breached, it is expected that you shall bring the matter to the attention of your supervisor. If action is not forthcoming, you must advise Men And Women At Work as soon as possible.
4. Temporary employees on a shift in excess of five (5) hours will agree to take the compulsory unpaid one half hour lunch break and in excess of ten (10) hours will agree to take the compulsory unpaid 20 minute tea break.
5. All assignments are of a temporary nature unless specifically promoted as permanent. Temporary employees do not receive annual leave, sick leave or payment for public holidays as these components are built into the hourly rate you receive on your assignment.
6. Each assignment with conditions, place of employment and contact will be discussed with you verbally. You are free to decline any assignment you deem unsuitable, however, once you accept an assignment you are committed to completing it.
7. Temporary employees, if requested, agree to move from one site to another.
8. The relationship regarding employment between Men And Women At Work and the Host employer is subject to an agreement which applies for a period of 12 months after your introduction/placement. Any approach for direct employment within this time by temporary employee or host employer would breach the agreement and MUST be advised to Men And Women At Work immediately.
9. Our pay week runs from Monday to Sunday. Your timesheet must be authorised by the host employer and submitted by 9.00 am each Monday morning. Payment of wages will be via Electronic Funds Transfer weekly. Payslips will be posted/emailed weekly.
10. If you injure yourself whilst at work you must notify your Supervisor and Men And Women At Work Risk Management Coordinator immediately. An Incident Report MUST always be completed even if no workers compensation claim is to be made. Any lost time must be accompanied by a Workers Compensation Doctors certificate, a general Doctors certificate is NOT sufficient.
11. Men And Women At Work acknowledges a requirement of every Employee to comply with the relevant Workers Compensation and Injury Management legislation.
  - Employees are required to immediately notify Men And Women At Work of any work-related injury or illness and follow any reasonable instructions in respect of their medical treatment and return to work.



- The company will ensure that appropriate first aid and medical treatment is administered as soon as possible.
- The Workers Compensation Insurer or authority (if required) will be notified of all reported injuries within 48 hours.
- The insurer & Men And Women At Work will develop an injury management plan (RTWP) to coordinate the treatment and return to work of the injured worker. Injured worker MUST participate in Return-to-Work Program.

12. The use of mobile phones whilst at work is to be restricted to breaks, unless there is an emergency.

13. Temporary employees are required to keep confidential all "trade secrets" and information which becomes known to them in circumstances where it should be known or ought to have been known that the information is to be treated as confidential. The obligation of confidentiality exists both during the term of employment and after employment ceases.

14. Any employee established to be under the influence of illegal substances and/or alcohol in the workplace, or on company premises, will be removed immediately. This behaviour may result in instant dismissal.

15. Smoking is prohibited inside any company owned buildings and a company vehicle, including cars and vehicles used for distribution of products and services and is only permitted during work breaks.


16. Any employee suspected or found to be committing serious misconduct which includes fraud (including falsifying time records), assault, stealing, pilfering or removing items belonging to Men And Women At Work or Host employers without permission will be subject to disciplinary action, which may include instant dismissal.

17. Employees absent from work for a period of three consecutive rostered shifts without the consent of employer or without notification to the employer shall be deemed to have terminated their employment by abandonment.

18. Upon termination of employment, the Employee shall immediately return all documents, publications, manuals, uniforms and other property in the Employees possession as a consequence of employment.

19. I authorise Men And Women At Work to provide my employment information to prospective employers & Men And Women At Work the right to make independent enquiries regarding my work history if deemed necessary.

20. I confirm I have not withheld any information relating to my health/ability to work or ANY prior injuries or conditions.

<b>Declaration</b>		
I have read, understood and agree to the Terms and Conditions listed above.		
		Date: DD/MMM/YYYY
Recruiter:		



## Interview Notes

First Impression?			
Suitability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Risk <input type="checkbox"/>
Criminal Record Check	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Working With Children Check	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Details about work injury history			
<i>What do you know about MAWAW?</i>			
<i>How do you feel about working alongside others in group that may have different views than you?</i>			
Recruiter Comments:	Strengths:		
	Opportunities:		
	Client Referred:		
Reference Check			
Company:			
Contact:			
Position:			
Comments:			



## Terms and Conditions of Employment Candidate Copy

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