****

**ASSET PERSONNEL**

**“We Value People, *Because People Matter”***

|  |  |
| --- | --- |
| Title: Mr/ Mrs/ Miss/ Ms/ Dr |  |
| First Name |  |
| Middle Name |  |
| Surname |  |
| Address |  |
| Date of Birth |  |
| Home Phone Number |  |
| Mobile |  |
| Email |  |
| Emergency Contact Name |  |
| Emergency Contact Telephone |  |
| Relationship to Emergency Contact |  |
| Are you Registered with a Job Active Provider? |  |

|  |  |
| --- | --- |
| **Citizenship/Residency Status** |  |
| Are you legally entitled to work in Australia?  Yes  No | Australian Citizen  Resident  Working Holiday Visa  Other Visa |
| **Screening and Probity Checks** |  |
| If required, would you be willing to undergo a medical? | Yes  No |
| If required, would you be willing to undergo a police check? | Yes  No |
| If required, would you be willing to undergo a drug screen? | Yes  No |

****

**ASSET PERSONNEL**

**“We Value People, *Because People Matter”***

|  |
| --- |
| **MEDICAL HISTORY SHEET**  **To comply with our WHS obligations and to avoid inadvertently placing you in a risk situation, we need to ensure we have done everything reasonable practicable to satisfy ourselves that you are capable of performing g the inherent requirements of the tasks associated with any assignment for which you would normally be considered. To satisfy our responsibility, please answer the following questions and sign below where indicated.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you suffer from or have you had** | **Yes** | **No** | **Do you suffer from or have you had** | **Yes** | **No** |
| Are you taking regular medication or drugs |  |  | Have you had a tetanus injection within the last five years |  |  |
| Chest Pain |  |  | Mental/Nervous Disorder |  |  |
| Angina/Heart Attack |  |  | Anxiety/Depression |  |  |
| High blood Pressure |  |  | Diabetes |  |  |
| Rheumatic Fever |  |  | Ear disorder/Hearing Loss |  |  |
| Pleurisy/Bronchitis |  |  | Bone Disorder/Broken bones |  |  |
| Hay fever/sinusitis |  |  | Stroke |  |  |
| Asthma |  |  | Fitz, dizziness |  |  |
| Dermatitis/eczema |  |  | Migraine/frequent headaches |  |  |
| Injury at Work |  |  | Joint pain/arthritis |  |  |
| Injury at sport |  |  | Neck trouble |  |  |
| Backache |  |  | Other serious illness |  |  |
| Sciatica/leg pain |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you previously suffered any workplace injury or illness YES or NO?  If so please supply the following details | | | |
| Year | Nature of Injury/illness | Duration of Disability | Residual Limitations |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| I certify that the information provided on this Medical Questionnaire is true and accurate to the best of my knowledge. Failure to disclose relevant information relating to your medical history may lead to you being liable for the costs of any medical examination which we may incur in reliance on what you have told us.  Applicants Name Applicants Signature Date |

**Registrants Agreement and Conditions**

Please read the terms and conditions of the employment agreement before signing this form.

I (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand, acknowledge and agree to all below that:

* It is my responsibility to provide the correct banking details to Asset Personnel
* If in the opinion of a medical practioner I am unable to perform the duties of a position offered or subsequently thereafter performed Asset Personnel may decline to offer this or future positions.
* All the particulars contained in the medical questionnaire are understood by me and correct at the time of completion. I understand that offering casual employment Asset Personnel relies on this information to be accurate.
* All assignments are casual and indefinite in tenue. On completion of assignment I will contact Asset Personnel to provide advice of my availability for further work
* If I give a false answer to any of the questions asked I may have my employment terminated without notice and I accept full legal liability for my actions
* I will accept wages by direct deposit into my nominated account.
* I will not contravene any provisions of the Federal, State or local Acts relating to unlawful discrimination or equal opportunity in employment
* The offer of casual employment by Asset Personnel is conditional of maintaining reliable and safe work practices
* When accepting an assignment it is essential that I complete the assignment and agree to report any difficulties or change of duties to Asset Personnel immediately
* I agree to report to Asset Personnel any circumstance that prevents me from attending work. I understand that this may lead to the forfeiture of that position
* I will only be paid for the hours worked and each assignment is regarded as an employment period. I may be terminated at short notice by Asset Personnel or at the request of the “Host” employer
* I am prepared to work the shifts nominated on my registration and a reasonable amount of overtime if requested
* On commencing as assignment I will consent to the remuneration, hours and conditions to that assignment
* I will not accept or solicit an offer of employment from an Asset Personnel Client where I have worked within a three months of completing the assignment
* I agree to comply with the requirements of the applicable health and safety laws and I am committed to safe work practices and safe operations of all plant. , machinery and equipment. I will strictly adhere to safety rules of the sites I am assigned to and wear the appropriate PPE for these sites.
* I accept that any work related injury or near miss will be reported to Asset Personnel and the “Host: employer.
* In accordance with Australian Tax Office regulations I must provide my Tax File Number within 28 days of commencement of employment.
* Should a reconciliation of my wages find a discrepancy (over or underpayment) then I accept that an adjustment/ correction may be effected in my next pay.
* Depending on my availability I may accept or decline any offer of casual employment.
* As a casual employee I do not get leave or public holiday entitlements.
* In the event of an emergency I authorise Asset Personnel to notify my nominated emergency contact and release any medical information to medical staff when requested
* I will not operate any machinery whilst under the influence of alcohol or drugs (prescribed or illicit).
* I will not consume alcohol or take drugs within eight hours of commencing work or whilst carrying out my duties and responsibilities. I understand that I will be terminated immediately if I am found to be under the influence of these substances.

**Registrants Agreement and Conditions**

|  |  |
| --- | --- |
| **Welcome to Asset Personnel**   * Introduction to Asset Personnel * Introduction to the Labour Hire Industry | **Asset Personnel Responsibilities**   * Safe working environment * Understanding of Client Safety requirements * Communication and consultation |
| **Your Rights, Obligations and Expectations**   * Conditions for employment – casual * When to notify Asset Personnel * Free to accept or decline positions * Free to accept other offers of employment | **Client Responsibilities**   * Personal Protective Equipment * Supervision and training * On-site safety induction |
| **Asset Personnel’s Obligations and Expectations**   * You are an employee of Asset personnel * Asset Personnel does not guarantee employment or tenure * We keep your information confidential | **Site Safety Induction**   * General Welfare * Site Health and Safety * Job requirements * Introductions |
| **Health & Safety**   * Your safety your responsibility * Manual Handling * Housekeeping * Plant and Machinery * Hazardous materials and substances * Drugs and alcohol * Outdoor work * Environment | **Administration**   * Timesheets * Wages * Pay advise slips * Superannuation * Payment Summaries |
| Work Pro On Line Induction   * Cin * Pin | **Workplace Injury or Illness**   * What to do if injured at work * Seek Medical Attention * Inform immediate supervisor * Report to Asset Personnel Consultant * Complete and sent Worker Report Form to Asset Personnel * Work Cover |

I hereby certify that I have attended the Asset Personnel Pty Ltd Induction session and understand the information presented relating to the above issues. I understand that if considered for listing as an Asset Personnel casual employee, my work assignments and therefore my employment from time to time could involve any or all of the following issues.

All casual assignments can be indefinite in nature and the assignment may be on short notice

I need to provide my own transport to the host site as well as appropriate safety gear as requested

I may be asked to work under various shift or overtime conditions

Notify Asset Personnel on 0422 301 227 (24 hour service) if late or unable to attend assignment.

Applicants Name Applicants Signature Date

**Banking details**

|  |  |
| --- | --- |
| Account Name |  |
| Name of Bank |  |
| Branch |  |
| BSB Number (6 digits) |  |
| Account Number |  |

**Privacy Declaration**

All personal, medical and employment information collected by Asset Personnel is held in the strictest of confidence and is used by Asset Personnel to seek and gain employment opportunities for applicants.

Applicants Name Applicants Signature Date