

# Application Form for Offer of Employment

Please complete this form after reading the [CCEA Induction Terms and Conditions of Hire 2021 - Rev 8](#).

## PERSONAL DETAILS

Surname:		Christian Name:	
Address:			
Location:		Post Code:	
		Email:	
Home Phone:		Mobile Phone:	
D.O.B:		Drivers Licence:	
Endorsements:		Class:	
		Expiry Date:	

Emergency Contact Name:		Relationship to You:	
Address:		Contact Number:	

ARE YOU PREPARED TO ABIDE BY THE COMPANY SAFETY RULES AND OCCUPATIONAL HEALTH AND SAFETY REGULATIONS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## EMPLOYMENT HISTORY

EMPLOYER	FROM	TO	DUTIES PERFORMED	PHONE	REASON FOR LEAVING

## TRADE CERTIFICATES / OTHER CERTIFICATES

NAME	NUMBER	DATE OF ISSUE

# Employee Personal Details Form

<b>CONTACT DETAILS</b>				DATE:	
FIRST NAME:		SURNAME:		OTHER:	
ADDRESS:				POSTCODE:	
HOME PHONE:		MOBILE PHONE:		EMAIL:	

<b>BANKING DETAILS</b>			
FINANCIAL INSTITUTION NAME:			
BRANCH:		TAX FILE NUMBER:	
NAME ACCOUNT HELD IN:			
BSB NUMBER:		ACCOUNT NUMBER:	

<b>SUPERANNUATION CONTRIBUTION FROM EMPLOYER</b>	
NAME OF SUPERANNUATION FUND:	
MEMBERSHIP NUMBER:	
ADDRESS OF SUPER FUND:	
MEMBERSHIP SPIN NUMBER:	
ANY OTHER INFORMATION:	
I authorise Fastrak Fabrication and Engineering Pty Ltd to give my TFN to the trustee of my nominated superannuation fund or to my retirement savings account (RSA) provider.	
SIGNATURE:	

**PLEASE RETURN SIGNED**

SIGNATURE:		DATE:	
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# Health Assessment Questionnaire Form

Section 79 of the Western Australian Workers' Compensation and Injury Management Act 1981 gives an arbitrator discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking or entering employment in respect of which they claim compensation for an injury, willfully and falsely represented themselves as not having previously suffered from the injury.

	YES	NO		YES	NO		YES	NO
1. Have you previously been registered for work with a personnel management company?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you at present any illness or disability.	<input type="checkbox"/>	<input type="checkbox"/>	11. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you previously completed a Health Assessment Questionnaire for the purposes of employment?	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you drink alcohol, smoke tobacco or use prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had to change jobs due to a reaction to chemicals, dust, grease, or other substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had an accident or illness for which you have applied or intend to apply for worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever failed a drug and alcohol test?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you have any residual effects from any injury suffered while playing sport?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has an accident or illness kept you off work for more than one week?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have you undergone any surgical treatments?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have you received a medical exam within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been rejected for life insurance or had a loading on your policy?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever been a patient in any hospital, mental or other?	<input type="checkbox"/>	<input type="checkbox"/>	15. Do you wear a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had or are suffering from the following:

	YES	NO		YES	NO		YES	NO
16. Tumour, cyst, cancer	<input type="checkbox"/>	<input type="checkbox"/>	26. Phobias	<input type="checkbox"/>	<input type="checkbox"/>	36. Bladder disease	<input type="checkbox"/>	<input type="checkbox"/>
17. Paralysis (including polio)	<input type="checkbox"/>	<input type="checkbox"/>	27. Epilepsy, fits or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	37. Difficulty wearing boots or shoes	<input type="checkbox"/>	<input type="checkbox"/>
18. Swollen or painful joints	<input type="checkbox"/>	<input type="checkbox"/>	28. Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	38. Hernia	<input type="checkbox"/>	<input type="checkbox"/>
19. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	29. Depression	<input type="checkbox"/>	<input type="checkbox"/>	39. Stomach ulcers	<input type="checkbox"/>	<input type="checkbox"/>
20. Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	30. Deafness	<input type="checkbox"/>	<input type="checkbox"/>	40. Legionnaire's disease	<input type="checkbox"/>	<input type="checkbox"/>
21. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	31. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	41. Fractured bones	<input type="checkbox"/>	<input type="checkbox"/>
22. High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	32. Concussion or severe head injury	<input type="checkbox"/>	<input type="checkbox"/>	42. Back or neck injury or pain	<input type="checkbox"/>	<input type="checkbox"/>
23. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	33. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	43. Shoulder injury or pain	<input type="checkbox"/>	<input type="checkbox"/>
24. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	34. HIV	<input type="checkbox"/>	<input type="checkbox"/>	44. Other joint injury or dislocation	<input type="checkbox"/>	<input type="checkbox"/>
25. Fainting or blackouts	<input type="checkbox"/>	<input type="checkbox"/>	35. Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	45. Any other disease, injury, illness or disability (ie Covid-19)	<input type="checkbox"/>	<input type="checkbox"/>

If "YES" answered to any questions please give details on the following page, including but not limited to any medication(s) you are currently taking or take on a daily basis.

# Health Assessment Questionnaire Form

**Further details section** - Fill in question number followed by details:

Q NO.	DETAILS

**Declaration and Consent**

- I declare that the details I have given on the application form and the Health Assessment Questionnaire are true and correct.
- I authorise Fastrak Fabrication and Engineering to obtain any medical or other information needed to process this application for employment.
- I consent to any necessary medical examination and tests related to this application for employment.
- I consent to the release of medical, clinical or other information to Fastrak Fabrication and Engineering by any medical practitioner, hospital, insurance company, the Department of Social Security or other organisation in relation to this application for employment.
- I hereby accept that any false statement herein may render this agreement terminated.

Signature:		Name:		Date:	
Signature:		Name:		Date:	

## Casual Contract Employment Agreement (CCEA)

The following document outlines the signatures of parties to confirm that all parties have read and understand the documents outlined upon employment at Fastrak:

- Casual Contract Employment Agreement (CCEA) Induction Handbook 2021 - Rev 8
- CCEA Induction Terms and Conditions of Hire 2021 - Rev 8
- CCEA Offer of Employment 2021 – Rev 8

The [Casual Contract Employment Agreement \(CCEA\) Induction Handbook](#) references for signatures include:

### 1. Parties – CCEA 21 Rev 8

The Casual Contract Employment Agreement (Contract) is between: Fastrak Personnel Management Pty Ltd as trustee for the Fastrak Personnel Trust.

ABN 21 240 462 303 of Postal address PO Box 272 Glen Forrest WA 6071.

And I \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ D.O.B \_\_\_\_\_ understand and agree with the Safety Induction, Contract Induction, Terms and Conditions of hire as set out in the CONTRACT OF EMPLOYMENT AGREEMENT and attached document, as signed below. I have received a copy of CCEA Rev 8 Agreement.

### 6. Purpose of Agreement – CCEA 21 Rev 8

Employment Position of a: Trade Assistant \_\_\_\_\_ Second Class Welder, Metal Worker \_\_\_\_\_

Tradesperson \_\_\_\_\_ Tradesperson First Class \_\_\_\_\_

### 28. Signatures of Parties – CCEA 21 Rev 8

Contract Employment Agreement made under the Workplace Relations Act 1996, between:

**Employee:** I understand my rights and obligations under this CCEA and have entered into this Contract freely with the intention to have this Contract approved. I have received a copy of the latest Fair Work Information Statement.

Signed: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_ Name in Full (Print): \_\_\_\_\_ Position: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Name in Full (Printed): \_\_\_\_\_

Address: Unit 12 Midland Village 27 Old Great Northern Highway Midland 6056

### OFFICE USE ONLY

**For the Employer:** who understands his rights and obligations under this contract and has entered into this CCEA freely with the intention to have this contract approved and registered.

Signed: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_ Name in Full (Print): Paul Peghini Position: Director

Witnessed By: \_\_\_\_\_ Name in Full (Print): \_\_\_\_\_

Address: Unit 12 Midland Village 27 Old Great Northern Highway Midland 6056

## Offer of Employment for Fastrak Personnel Trust

The following outlines the Contract *Offer of Employment* as specified from the Fastrak [Casual Contract Employment Agreement \(CCEA\) Induction Handbook 2021 - Rev 8](#).

### PURCHASED/PURCHASABLE PAY DEDUCTIONS: EMPLOYEE AUTHORISATION

All purchases, Training, Advanced Wages Subs and or any other form of allowable credit supplied to you outside of your normal employment terms and conditions, Fastrak has the right to withdraw the value as a pay deduction from payable wages owing.

All deductions for Advanced Wages Subs, Loans, Training & Flights will be reflected on weekly pay slips.

If working under the terms and conditions of a CCEA are acceptable, and you wish to accept Fastrak's offer of employment, please do so by signing this form. You will receive a copy for your own records.

I have read and understand the Induction/offer of employment form and hereby accept this offer of employment on the terms and conditions detailed in the CCEA and Fastrak Safety/ CCEA Induction, policies, procedures, terms and conditions.

Fastrak CCEA and the fair work Information statement for employees is permanently placed within the office for access to all employees at their convenience. I have seven days to read the CCEA and notify Fastrak if I do not wish to continue with the contract of employment.

Fastrak has my permission to accept my signing sheet signed and completed after I have read the Safety / CCEA induction form or I have been inducted into Fastrak Safety / CCEA at the Fastrak office. Signed agreed application form will be kept in Fastrak's office.

I authorise Fastrak to deposit via electronic banking wages into my account of choice, on a weekly basis to the account listed below.

YOUR FULL NAME AND ADDRESS AS IT APPEARS ON BANK ACCOUNT:

BSB (Six Digit Number):		Account Number:	
Name and Address of Bank:			

Completion of application / offer of employment.

Signature:		Name (Block Letters):		Date:	
Inducted By:		Name (Block Letters):		Date:	

## Clothing Sizes Form

Employee is to complete and send back to the Fastrak representative.

ITEM	SIZE	DESCRIPTION	QTY
SHIRT		Orange Cotton Drill L/S	
		Orange Cotton Drill L/S Tapped	
JACKET		Cotton Drill Jacket Taped with Zip	
TROUSERS		Navy Pants	
		Navy Taped Pants	
BOOTS		Steel Blue Portland Wheat High	
OVERALLS		Overalls Bisley H/Duty Navy Blue	
JEANS		Bisley Rough Rider Denim Jeans	
OTHERS			

NAME:		SIGNATURE:		DATE:	
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APPROVED:		SIGNATURE:		DATE:	
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