

PERSONAL DETAILS			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Desired Position	
Full Name		Date of Birth	
Mobile Phone		Email Address	
Residential Address			
		State	Post Code

EMERGENCY CONTACT / NEXT OF KIN			
<i>Please list 2 Contacts</i>			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name		Full Name	
Mobile Phone		Mobile Phone	
Relationship		Relationship	

BANKING DETAILS			
<i>Pays are processed <b>weekly</b>. How would you like to receive your payslips? <input type="checkbox"/> By Post <input type="checkbox"/> By Email</i>			
Bank Name		Account Name	
BSB		Account No.	

SUPERANNUATION			
<i>Super Choice <input type="checkbox"/> My Super <input type="checkbox"/> Self-Managed <input type="checkbox"/> ELS Super Fund</i>			
Name of Fund		Member No.	
Your Tax File No.		USI / Product Identifier No.	
Super ABN		Super Phone No.	

TAX DECLARATION			
<input type="checkbox"/> Australian Resident <input type="checkbox"/> Foreign Resident <input type="checkbox"/> Working Holiday			
Tax File No. (TFN)		Date of Birth	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Surname		Given Name	
Residential Address			
		State	Post Code
Employment Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input checked="" type="checkbox"/> Labour Hire <input type="checkbox"/> Super / Annuity Income Stream <input type="checkbox"/> Casual		
Do you want to claim the Tax-free threshold?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding Higher Education, Student Start-up or Trade Support Loans?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding Student Financial Supplement Loans?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Declaration:</b> <i>I declare that the information I provided is true and correct.</i>	SIGN HERE	<b>Today's Date</b>	DATE HERE

UNIFORM SIZING		WORK BOOTS – Size _____	
Shirt Sizes	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> Other:		
Pants (cm/in)	<input type="checkbox"/> 76/30' <input type="checkbox"/> 81/32' <input type="checkbox"/> 86/34' <input type="checkbox"/> 92/36' <input type="checkbox"/> 97/38' <input type="checkbox"/> 102/40 <input type="checkbox"/> 107/42' <input type="checkbox"/> Other:		

PERSONAL HEALTH	YES	NO
<b>COVID-19 Vaccination</b> <input type="checkbox"/> Booked <input type="checkbox"/> 1 <sup>st</sup> Dose <input type="checkbox"/> Fully Vaccinated <input type="checkbox"/> Not willing to Vaccinate		
Do you have any current, or pre-existing, Medical conditions/issues?		
<b>Treatments</b> - Are you currently being treated by a doctor?		
<b>Medications</b> – Are you currently taking any medication, including non-prescription?		
<b>Hospitalization</b> – Have you been hospitalised in the last 12 months?		
<b>Sick Leave</b> – Have you taken any time off work due to illness/injury in the last 12 months?		
<b>PPE</b> – Are there any reasons why you cannot wear safety/protective equipment?		
<b>Workers Compensation</b> – Have you ever had a Workers Compensation Claim?		
<b>Alcohol Consumption</b> – If YES, how many per week? _____ / week		
<b>Smoking</b> – If YES, how many per day? _____ / day		
<b>Exercise</b> – If YES, how many per week? _____ / week		
<b>Height (cm)</b> _____		<b>Weight (kg)</b> _____
<b>Additional Information</b> – If you have answered YES, to any of the above, please comment below:-		

MEDICAL HISTORY	<i>Do you currently, or have you previously, had any issues with the following?</i>				
Hearing issues eg. Hearing loss, Tinnitus	YES	NO	Vision eg. prescription glasses	YES	NO
Skin Conditions eg. Dermatitis	YES	NO	Lung/Breathing concerns eg. Asthma	YES	NO
Diabetes/Hepatitis/AIDS	YES	NO	Back or Neck issues	YES	NO
Joint issues eg. Arthritis, knees, shoulders	YES	NO	Ulcers/Hernia	YES	NO
Repetitive Strain Injuries	YES	NO	Mental Health	YES	NO
High Blood Pressure / Heart concerns	YES	NO	Epilepsy/Seizures/Blackouts	YES	NO
<b>Additional Information</b> – If you have answered YES, to any of the above, please comment below:-					

PRE-EMPLOYMENT MEDICALS	YES	NO
Do you agree to undergo a Pre-employment Medical if required?		
Do you agree to undergo Drug & Alcohol Testing if, and when required?		

DECLARATIONS			
I,	<b>FULL NAME</b>	, declare that I have answered the questions to the best of my knowledge and that the information I provided, in relation to my Registration, is true and correct.	
<b>Workers Compensation</b>	<p>I understand that under the relevant Workers Compensation and Rehabilitation Act 1981, the Workers Compensation Board has discretion to refuse to award compensation, which would otherwise be payable, where it is proved that you, the worker, have, at the time of commencing an assignment with Exclusive Labour Services, wilfully and falsely represented oneself as not having previously suffered from the disability in relation to the compensation claim.</p>		
<b>Medicals, Drug &amp; Alcohol</b>	<p>If due to false/misleading or the lack of information supplied above for my 'Personal Health' and 'Medical History', that your medical brings to light any undisclosed pre-existing issues, that prevents me from performing the required tasks of the role safely, I may be required to, and agree to, reimburse the cost of any medicals and any other associated expenses.</p> <p>I agree to declare any Medications, both prescription and non-prescription, and failure to do so can result in the immediate termination of my assignment.</p> <p>I understand that, if due to testing positive for an undisclosed substance, be it medication or illicit drugs, I may be required to, and agree to, reimburse any associated costs incurred, relating to the situation, or due to a failure to disclose.</p> <p>Costs and associated expenses may include administration costs, flights and/or mobilisation costs e.g. medicals, uniforms, training, inductions etc.</p>		
<b>Safety</b>	<p>I understand that, should I have any safety concerns, I will not hesitate in contacting a representative of ELS at the earliest opportunity. I also agree to inform ELS immediately of any illness, injury or incident that may occur, or has occurred.</p>		
<b>Assignment</b>	<p>I agree to inform an ELS representative as soon as possible, should the scope of work change from the original assignment requirements.</p>		
<b>Work Rights</b>	<p>I also declare that I am legally Authorised to work in Australia and, if applicable, have notified ELS of any Work Restrictions that I may have, and have provided ELS with relevant documentation e.g. Visa etc. pertaining to the said restrictions. I also understand that ELS reserves the right to verify all information supplied.</p>		
<b>Authority to Deduct</b>	<p>I agree, and authorise, Exclusive Labour Services to deduct any outstanding monies owed, from my pay should the need arise. This could include administration costs, flights and/or mobilisation costs e.g. medicals, uniforms, training etc.</p>		
<b>Employment Opportunities</b>	<p>I understand that ELS will occasionally send emails relating to employment opportunities, and I have indicated below if I wish to receive these emails.</p> <p style="text-align: center;"> <input type="checkbox"/> YES! Send me Jobs!         <input type="checkbox"/> NO! Do not contact me!         </p>		
<b>Candidate's Signature</b>	<b>SIGN HERE</b>	<b>Declaration Date</b>	<b>TODAY'S DATE</b>