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PERSONAL DETAILS RECORD FORM

DATE: / /

Personal Details:

First name: _____ Surname: _____

DOB: _____ Nationality: _____

Contact Number: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Work Right Details:

Are you an Australian citizen? Y N

Are you a permanent resident? Y N

Do you have a working visa? Y N Expiry Date: / /

Visa Type: _____ Expiry Date: / /

When are you available to work? / / — / /

References:

Please provide atleast 2 references

1. Company name: _____

Contact Person: _____ Contact Number: _____

2. Company name: _____

Contact Person: _____ Contact Number: _____

3. Company name: _____

Contact Person: _____ Contact Number: _____

Skills and Experience:

Please tick amount of years you have experience with the following skills: If you have 0 years, leave space blank.
*tick Trade Qualified if you have studied and completed a course in the skill, with a certificate.

NOTE in type/detail please list any tickets, certificates or qualifications you may have.

| SKILL | YEARS OF EXPERIENCE | | | ARE YOU TRADE QUALIFIED?* | TYPE/DETAIL |
|------------------------------------|---------------------|---|----|---------------------------|-------------|
| | 1 | 2 | 2+ | | |
| General Labourer | | | | | |
| Skilled Labourer (trade assistant) | | | | | |
| Civil Construction Labourer | | | | | |
| Carpentry | | | | | |
| Formworking | | | | | |
| Joinery | | | | | |
| Painting | | | | | |
| Welding | | | | | |
| Oxy Cutting | | | | | |
| Steel Structure Installations | | | | | |
| Rendering | | | | | |
| Brick Laying | | | | | |
| Gyprocking | | | | | |
| Steel Fixing | | | | | |
| Scaffolding | | | | | |
| Concreting | | | | | |
| Concrete Pumping | | | | | |
| Tiling | | | | | |
| Plumbing | | | | | |
| Joinery | | | | | |
| Tipper Truck Driving | | | | | |
| Delivery Truck Driving | | | | | |
| Tractor Driving | | | | | |
| Harvestor Driving | | | | | |

Inductions:

Please note any Inductions you have completed.

| INDUCTIONS | EXPIRY DATE |
|-------------------|-------------|
| Ausgrid | / / |
| ETTT | / / |
| Airport Induction | / / |
| | / / |

Competencies: Tickets / Licences / Training

Please tick years of experience/operating you have with each skill and machinery. If you have 0 years, leave space blank. Add your ticket/licence numbers and the date of expiry:

| COMPETENCY/TICKET | YEARS OF EXPERIENCE | | | CARD NUMBER | EXPIRY DATE |
|------------------------------------|---------------------|---|----|-------------|-------------|
| | 1 | 2 | 2+ | | |
| Car Licence | | | | | / / |
| MR Licence | | | | | / / |
| HR Licence | | | | | / / |
| HIAB Licence | | | | | / / |
| | | | | | |
| Excavator 1- 5 t | | | | | / / |
| Excavator 5 - 12 t | | | | | / / |
| Excavator 12 t + | | | | | / / |
| Bobcat / Skid Steer | | | | | / / |
| Roller | | | | | / / |
| Backhoe | | | | | / / |
| Telehandler | | | | | / / |
| Mobile Crane <50t | | | | | / / |
| Mobile Crane >50t | | | | | / / |
| Tower Crane | | | | | / / |
| EWP <12m | | | | | / / |
| EWP >12m | | | | | / / |
| Forklift | | | | | / / |
| Height Reach Forklift | | | | | / / |
| Material Hoist | | | | | / / |
| Passenger Hoist | | | | | / / |
| | | | | | |
| RISI / RWI | | | | | / / |
| Confined Space | | | | | / / |
| Electrical Tagging | | | | | / / |
| First Aid | | | | | / / |
| Working at Heights | | | | | / / |
| Scaffold Erecting | | | | | / / |
| Traffic Control (blue card) | | | | | / / |
| Traffic Control (red card) | | | | | / / |
| White Card | | | | | / / |
| Demolition Supervisor | | | | | / / |
| Demolition Unrestricted | | | | | / / |
| Bonded Asbestos Removal | | | | | / / |
| Bonded Asbestos Removal Supervisor | | | | | / / |
| Friable Asbestos Supervisor | | | | | / / |

Employee Details:

| | |
|---------------------------------|--|
| Employee Tax File Number: | |
| Australian Business Number ABN: | |
| Address | |

Bank Details:

| | |
|----------------|--|
| Bank Name | |
| Branch | |
| Account Name | |
| BSB | |
| Account Number | |

Superannuation Details:

Do you have superannuation?

Y

| | |
|----------------|--|
| Name of Fund: | |
| Member Number: | |

N If NO, then please tick "i agree" box for us to assign your superannuation membership to our default company. I AGREE

All information in this form is correct and true. Signature:

Office Use Only

Employee Status:

| | |
|-----------|--|
| Full Time | |
| Part Time | |
| Casual | |

Pay Rate:

| | |
|-------------|----|
| Annual | \$ |
| Monthly | \$ |
| Hourly Rate | \$ |

| | |
|--------------------------|--|
| Date of first pay review | |
|--------------------------|--|

Contractor:

| | |
|--------------------------|----|
| Base Hourly Rate | \$ |
| Date of first pay review | |
| | |

Notes:

| |
|--|
| |
| |
| |